



Noah's Ark Registration Form

Date _____

Child's full name _____

Date of Birth _____ Age on 8/31/25 _____ M / F

Full Address _____

Public School District _____

Phone _____ Allergies _____

Father's name _____ Cell # _____

Father's employment name, address and phone _____

Mother's name _____ Cell # _____

Mother's employment name, address and phone _____

In case of emergency and parents are not available please contact

1. _____ Phone _____

2. _____ Phone _____

Persons authorized to pick up your child _____

Email Address _____

Facebook/Messenger _____

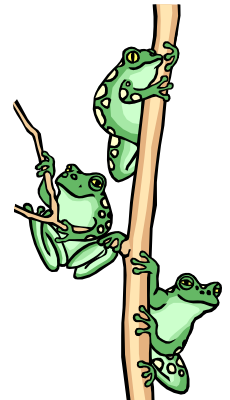
PLEASE CHECK THE CLASS YOU ARE INTERESTED IN

PreK4 – 3/4 year old _____ (2 day, 3 hrs per day)
\$150.00 per month

PreK5 – 4/5 year old _____ (2 day, 3 hrs per day)
\$150.00 per month

3-day preschool – PreK5 only _____ (3 day, 3 hrs per day)
\$185.00 per month

Class time preferred _____ NOT Guaranteed, first come first serve.



Please return this form with your registration fee (\$75.00 - \$90.00) A.S.A.P. to ensure a placement. Thank you!