

2023-2024 Elementary After School Registration Form

Grades K-5



Noah's Ark Learning Center

A ministry of Fishersville United Methodist Church
P.O.Box 1049/1600 Jefferson Highway
Fishersville, Virginia 22939
540-779-0643 Fax 540-779-0643
Email: director@fishersvilleumc.org
<http://noahsarklearningcenter.org>

Child's Name: _____

Nickname: _____

Date of Birth: _____

Age at time of enrollment: ___ yrs. /mo. **Sex:** M or F

Mother

Father

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Work Phone: _____

Maternal Grandparents

Paternal Grandparents

Name: _____

What your child calls them: _____

Address: _____

Phone: _____

Email: _____

Sibling Names and Ages: _____

Names of Others Living with Child: _____

Relationship to Child _____

Household Pets and their names: _____

EMERGENCY CONTACTS

The following individuals are permitted to pick-up the child and should be contacted if the parent(s) are unavailable:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Address: _____ Address: _____

Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____

Persons not permitted to pick up your Child

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Health Conditions the school needs to be aware of: _____

Known Allergies: _____

Life - threatening? Yes _____ No _____ Epipen prescribed by physician? Yes _____ No _____

Precautions: _____

Dietary Restrictions: _____

Special Needs: _____

Child's Physician: _____ Phone: _____ City/State: _____

Permissions:

Picture Publishing Consent

I give permission for my child's, _____, photo to be used on the Noah's Ark Learning Center and Fishersville United Methodist Church websites. I understand that the pictures will not be identified with names.
___ Yes ___ No

I give permission for my child's, _____, photo to be used on the Noah's Ark Learning Center Facebook Parent Page (a closed page). I understand that the pictures will not be identified with names.
___ Yes ___ No

Transportation Consent

My child has permission to be transported in a van or bus by a licensed and insured driver. I will provide a car seat for my child if required by Virginia state car seat laws.
___ Yes ___ No

Social and Developmental Information

Are there any social or developmental information about your child that you need to share with the school?

Church

Church Home (Please let us know where or if you have a church home): _____

Payment and Program Information:

Non-refundable, non-transferable registration fee of \$85

_____ **5 days per week**

\$280 per month

\$25 late fee after the 5th of the month

\$25 returned check fee

