

# 2023-2024 Registration Form

Ages 2 1/2 - 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 (in addition to parents and grandparents listed above):

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 Agreement**

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

**Field Trip Consent Agreement**

My child has permission to participate in field trips away unless the school receives written notice from me to the contrary.

\_\_\_ Yes \_\_\_ No

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 on these occasions.

\_\_\_ Yes \_\_\_ No

**Social and Developmental Information**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please put an X by one of the two statements below:**

My child IS potty trained \_\_\_\_\_

My child IS NOT potty trained \_\_\_\_\_

**Church**

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

**Enrollment Agreements****School Policies Agreements**

|                       |   |
|-----------------------|---|
| <b>Please Initial</b> |   |
|                       | I have read the Parent Handbook. I understand the practices, policies, and procedures of the school and I agree to abide by them. |
|                       | I understand the Noah's Ark Learning Center drop-off and pick-up procedures and agree to follow them.                             |

**Financial Agreements**

|                       |  |
|-----------------------|--|
| <b>Please Initial</b> |  |
|                       | I agree to pay the enrollment fee to Noah's Ark Learning Center to reserve a position for my child. All tuition and fees will be paid in accordance with the payment schedules and procedures established by the school. |
|                       | I understand that I have the obligation to pay all charges for the full academic year unless special mutually agreed upon arrangements are made with the school.   |
|                       | NALC tuition rates will NOT change during the Academic School Year (August to May).  |

**Virginia Regulation Agreements**

|                       |   |
|-----------------------|---|
| <b>Please Initial</b> |   |
|                       | Noah's Ark Learning Center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.  |
|                       | The parent(s)/guardian(s) authorize Noah's Ark Learning Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **  |
|                       | The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. |
|                       | I agree to complete and submit all necessary enrollment forms to Noah's Ark Learning Center. I understand that if these forms are not on record at least two weeks before my child's first day of school, his/her enrollment will be jeopardized. I will update all information as necessary.                           |

|                            |             |
|----------------------------|-------------|
| <b>Parent Signature(s)</b> | <b>Date</b> |
|----------------------------|-------------|

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**Payment and Program Information:**

\*\*\*4 year old students ***MUST ATTEND*** a 5 day program to prepare them for kindergarten. Please speak with the Director if you have any questions.

**Non-refundable, non-transferable registration fees: \$85 (half day), \$95 (school day), \$110 (full day care)**

**2 Year Old Monthly Payment:**

|  |                  |                 |
|--|------------------|-----------------|
| _____ 3 Half Days/ M-W or W-F                            | 8:45am—11:45am   | \$286 per month |
| _____ 3 School Days /M-W or W-F                          | 8:45am—3:00pm    | \$447 per month |
| _____ 3 Full Days /M-W or W-F                            | 7:00am—6:00pm    | \$589 per month |
| _____ 5 Half Days /M-F                                   | 8:45am - 11:45am | \$353 per month |
| _____ 5 School Days /M-F                                 | 8:45am—3:00pm    | \$616 per month |
| _____ 5 Full Day/ M-F                                    | 7:00am—6:00 pm   | \$763 per month |
| _____ A Custom Schedule – Please note on the line below: |                  |                 |

**3-5 Year Old Monthly Payment:**

**Additional \$10 per month for children 3 years old who are not potty trained**

|  |                  |                 |
|--|------------------|-----------------|
| _____ 3 Half Days/ M-W or W-F                            | 8:45am—11:45am   | \$280 per month |
| _____ 3 School Days/ M-W or W-F                          | 8:45am—3:00pm    | \$436 per month |
| _____ 3 Full Days/ M-W or W-F                            | 7:00am—6:00pm    | \$578 per month |
| _____ 5 Half Days/ M-F                                   | 8:45am - 11:45am | \$336 per month |
| _____ 5 School Days/ M-F                                 | 8:45am—3:00pm    | \$572 per month |
| _____ 5 Full Day/ M-F                                    | 7:00am—6:00 pm   | \$736 per month |
| _____ A Custom Schedule – Please note on the line below: |                  |                 |

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

\$25 returned check fee

**Please ensure the following items have been included with the registration form**

|  |                                    |
|--|------------------------------------|
| _____ Completed Registration/Enrollment form | _____ Childs immunizations records |
| _____ Registration Fee                       | _____ Child's Birth Certificate    |
| _____ Discipline Policy                      |                                    |

By signing below, I (we) are willing to meet the above requirements and will abide by the standing policies and handbook of Fishersville United Methodist Church Noah's Ark Learning Center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_