

2024-2025 Elementary After School Registration

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: _____

Enrollment Agreements

School Policies Agreements

Please Initial	
	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.
	I understand and agree to abide by all health and safety policies of Noah's Ark Learning Center.

Financial Agreements

Please initial	
	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.
	I understand that NALC tuition rates will NOT change during the Academic School Year (August to May).

Virginia Regulation Agreements

Please initial	
	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.
	If the child requires an epipen or other emergency medication, I understand that I must provide the appropriate medication authorization form signed by both the parent and the child's physician (forms available in the office) and any medications with complete medical label attached.

Parent Signature(s)	Date
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*** 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.*

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?

Child Care

Please list previous child care facilities attended _____

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

\$288 per month

\$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

_____ Child's 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: _____