

2026-2027 Elementary After School Registration

Grades K-5

Wilson Elementary School only



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: _____

Date of Birth: _____

Nickname: _____

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

Grade: _____

Mother

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Work Phone: _____

Father

Maternal Grandparents

Name: _____

What your child calls them: _____

Address: _____

Phone: _____

Email: _____

Paternal Grandparents

Sibling Names and Ages: _____

Names of Others Living with Child and relationship to child: _____

Household Pets and their names: _____

Previous child care facilities or schools attended _____

Please let us know where or if you have a church home _____

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: _____

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: _____

Please circle one of the two options: My child **IS / IS NOT** potty trained _____

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 for which I am enrolling my child even if withdrawal is requested before the school year begins (see withdrawal guidelines in the Parent Handbook).
	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 within 30 minutes of being notified 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(s) agree not to hold Noah's Ark Learning Center or any of their employees responsible in case of an accident or incident involving their child.

*** 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.*

Parent Signature(s)	Date
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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?

Payment and Program Information

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

_____ 5 days per week	\$294 per month
\$25 late payment 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

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

_____	_____	START DATE: _____	END DATE: _____
Director	Date		