

Circle the days you are enrolling T/TH MWF M-F Adventure Days

Child's Last Name _____ First _____ Sex _____ D.O.B. _____ Age Sept 1st _____
 Mother's Name _____ Home Ph _____ Work Ph _____ Cell Ph _____
 Father's Name _____ Work Ph _____ Cell Ph _____
 Address _____ City _____ Zip _____
 E-Mail Address _____

Would you like to be included in the Student Directory Yes No
 How did you first hear about The Ark? Friend Website Realtor Advertisement Other
 Parent's Marital Status: Married Divorce Single If divorced, who has custody of the child? Mother Father
 May we release your child to the non-custodial parent? Yes No If no, you must provide a court ordered legal document. In the absence of a court order, both parents have the same legal rights.

Your child may be photographed or videotaped during different Ark activities throughout the school year. These photographs may be used in advertisements, brochures, on our website, or in the classroom. Yes, you may use my child's image. NO, you may not use my child's image.

Preschool students will participate in the Stretch-n-Grow Fitness Program once or twice per week. The exercise portion consists of warm up, stretching, floor exercise and aerobic activity, designed for young children. Describe below any injuries or health problems which might limit your child's participation: _____

List any food allergies _____

Can your child eat snacks provided by The Ark? Yes No If no, you must daily send a snack for your child and special treats for birthdays or other celebrations. If you neglect to send your child a snack, they will not receive a snack that day.

Is your child high risk for severe reaction to a food allergen Yes No Does your child have an epi-pen? Yes No

Is your child Asthmatic Yes No Is your child high risk for asthma attack Yes No

List the appropriate steps that should be taken in the event of illness: _____

EMERGENCY CONTACT : We must have one local emergency contact person on file in the event a parent cannot be reached. The following persons have my permission to pick up my child and may be called in an emergency or in case of illness, if parents cannot be reached. I hereby authorize The Ark Preschool to allow my child to leave the facility with the following persons.

Name	Relationship	Phone #	Cell Phone #

*A refund of the Preschool enrollment fee will be made until the first day of class only if : 1. Space is not available 2. The child becomes chronically ill and unable physically to attend any school 3. The family moves from the school area. After the first day of class the enrollment fee is non-refundable under any circumstance. Adventure Days enrollment fee is non-refundable under any circumstance. After the first day of class tuition is non-refundable.

Parent Signature _____ Date _____ / _____ / _____
 T/TH MWF 5 Days Adventure Days Fee _____ Ck# _____
 Receipt of Parent Handbook/Discipline Classroom _____