

Noah's Ark Preschool and Rainbow Tots

(Located inside Hempfield United Methodist Church)

3050 Marietta Avenue

Lancaster, PA 17601

717-285-7110

www.noahsarkhempfield.org

Office Hours

During School Year

M/W/F 9:15am – 3:15pm

T/Th 9:15am – 1:15pm

Dear Parents,

Thank you for your interest in our K – SMILES class. We look forward to the opportunity of knowing you and your child. Our enthusiastic and experienced staff strives to provide an innovative environment, informed by a Christian world view which celebrates each child as God's unique creation and encourages the imagination and exploration of His beautiful world.

Our K – SMILES class is a Christian program for kindergarteners that is **Stimulating, Motivating, Imaginative, Loving, Educational, and Supplemental**. The program will start September 16, 2015 and run through May 13, 2016 on Mondays, Wednesdays and Fridays from 11:45am to 3:15pm. Complete schedule is listed in Parent Handbook.

The daily schedule will go as follows:

11:45am – 12:00pm Parent drop-off in car line

12:00pm – 12:30pm Lunchtime (child brings own lunch)

12:30pm – 3:15pm Kindergarten supplemental academic class

❖ **Registration begins April 10, 2015.**

To confirm your registration, please complete and return the following:

1. Application for Enrollment
2. Emergency/Transportation Card
3. Personal Information Sheet
4. Health History of Child
5. Permission Form
6. **Registration Fee of \$55.00 (Non-Refundable) (\$30.00 for any additional siblings)**
Payable to HUMC (Hempfield United Methodist Church)

Please note, due to limited space and to be fair to everyone, you must have all the above items completed including the registration fee to register your child/children.

❖ **Tuition**

PAYMENT OPTION 1

Pay full Tuition by August 15, 2015

\$1280.00

PAYMENT OPTION 2

Pay Tuition by Semester

1st Semester Due by August 15, 2015

\$ 640.00

2nd Semester Due by January 15, 2016

\$ 640.00

\$ 1280.00

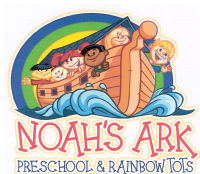
PAYMENT OPTION 3

Pay Tuition in Monthly Installments

Tuition can be paid in 8 monthly payments due by the 15th of each month August - March.

A \$40.00 charge for this plan has been included in the monthly amount.

\$165.00 x 8 Months



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K – SMILES Enrollment Application 2015 - 2016

K – Smiles is a Christian program for kindergartners that is

Stimulating, Motivating, Imaginative, Loving, Educational, and Supplemental

The program will start Sept. 16, 2015 and run through May 13, 2016 on M/W/F from 11:45am – 3:15pm.

Daily Schedule: 11:45am – 12:00pm Parent drop-off in the car line

12:00pm – 12:30pm Lunchtime (bring own lunch)

12:30pm – 3:15pm Kindergarten supplemental academic class

Child's Name _____

Name your child prefers to be called _____

Child's Birthdate _____ Male _____ Female _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____

Parent's E-Mail Address _____

Mother's Name _____ Father's Name _____

Cellular Telephone _____ Cellular Telephone _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Telephone _____ Business Telephone _____

Name & Ages of Siblings

Do you attend a church? _____ If so, where? _____

How did you hear about us? _____

Remarks _____

____ You are new to
the school this
year (2015-2016)

____ You currently have a
child enrolled in a
program at our school

____ You previously had a
child enrolled in a
program at our school

Signature of Parent or Guardian

Date

FOR OFFICE USE ONLY

1. Date Application Received: _____
Registration Fee: # _____ \$ _____

2. Emergency/Transportation Card: _____

3. Personal Information Sheet: _____

4. Health History: _____

5. Permission Form: _____

Initials: _____

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Emergency/Transportation Card

Child's Name _____ Birth Date _____
 Address _____

 Home Phone _____ Cell Phone _____
 E-Mail _____

Authorized Emergency Contacts

In the event we need to reach someone to pick up and/or assume temporary care of your child, please list up to five individuals, **including parents, in the order you would like us to contact them:**

	<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Local Physician's Name _____

Address _____

Office Telephone _____

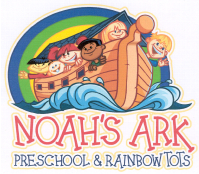
Allergies _____

Medications _____

Remarks _____

In the event of accident or serious illness, I request Noah's Ark Preschool and Rainbow Tots to contact me. I hereby authorize the school to call the physician indicated, emergency contacts and/or make whatever arrangements seem necessary.

 Signature of Parent or Guardian Date



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Personal Information Sheet

Child's Full Name: _____

Birth Date: _____

Where does your child attend Kindergarten: _____

Kindergarten Teacher's name: _____

Please indicate with whom your child lives: _____

Are languages other than English spoken at home? If so, What? _____

Mother's Occupation: _____

Do you have any special talents you could share with your child's class or our school?_____

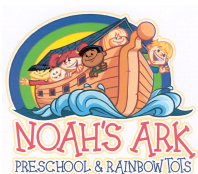
Father's Occupation: _____

Do you have any special talents you could share with your child's class or our school? _____

Names and Ages of Siblings: _____

Please give us as much information as possible about your child (their likes, dislikes, needs, past experiences, etc.) that can help his/her teacher learn more about them, to promote the best learning environment for your child.

[illegible]



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Health History

Name _____ Date of Birth _____

Please indicate if your child has had the following illnesses:

Chicken Pox _____ Hepatitis _____ Measles _____ Mumps _____

Allergies (Be Specific): _____

*If food allergies are noted, please complete a **Policy/Plan for Children with Food Allergies**. These forms are available in the preschool office.*

Physical Handicaps: _____

Serious Accidents: _____

Other: _____

Medications: * _____

Are your child's immunizations up-to-date? _____

Signature Date

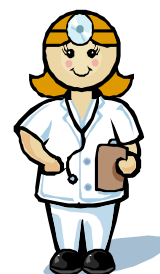
If the above answer is "no", is this due to significant religious or moral beliefs? _____

Has your child received the Chicken Pox Vaccination? _____

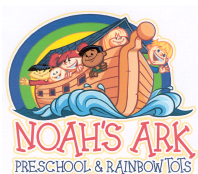
Name and Address of Doctor _____

Telephone Number _____

Hospital Preference _____



* Anytime medication (prescribed and/or over the counter) needs to be administered to your child during preschool hours, a **Medication Consent Form** needs to be completed and signed by the parents and your child's doctor. Emergency medication (such as an epi-pen) should be kept at the school in your child's classroom. Medication Consent Forms are available at the preschool office.



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Permission Form

2015 – 2016

Please read the following, and check **Yes** or **No** for each item. Then please sign and date on the lines below. If you have any questions, feel free to call the preschool office at (717) 285-7110.

I grant permission for my child's teacher to share the following information on a class roster that will be sent home to all the students in the class. (If information is not to be shared, only your child's first name will be shown)

☐ **Name**
☐ **Address**
☐ **Parent's E-Mail Address**
☐ **Phone Number**
☐ **Child's Elementary School**
☐ **Only child's first name**

- I grant permission for my child's picture to be taken and used for *(please check all that apply)*

☐ **Classroom Website** *(Available with some teachers and is only viewed by classroom families. It is not public)*
☐ **Newsletter**

- I grant permission for my e-mail address to be used for *(please check all that apply)*

☐ **Classroom E-Mails**
☐ **Preschool E-Mails**

Child's Name

Signature of Parent or Guardian

Date

