



2023 Summer Enrollment Form

Weeks			Days and Time		Extended Care
<input type="checkbox"/> May 30-June 2 <input type="checkbox"/> June 5-9 <input type="checkbox"/> June 12-16 <input type="checkbox"/> June 19-23 <input type="checkbox"/> June 26-30	<input type="checkbox"/> July 3-7 <input type="checkbox"/> July 10-14 <input type="checkbox"/> July 17-21 <input type="checkbox"/> July 24-28	<input type="checkbox"/> July 31-Aug 4 <input type="checkbox"/> Aug 7-10 (Mon-Th)	<input type="checkbox"/> M-F <input type="checkbox"/> MWF/TWTh <input type="checkbox"/> MW/TTh Infant and Toddler 1 only: days _____ <input type="checkbox"/> 8-3 <input type="checkbox"/> 8-6	<input type="checkbox"/> 8-12 <input type="checkbox"/> 8-3	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM

Child's Name	<i>Last</i>	<i>First</i>	<i>Middle</i>	Date of Birth	Sex
					<input type="checkbox"/> Male <input type="checkbox"/> Female

Child's Home Address	Child's Home Tel No.
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Mother's Name	Mobile Tel No.	Work Tel No.	Email Address

Father's Name	Mobile Tel No.	Work Tel No.	Email Address

Emergency Contact: List in preferential order the people to call if parent cannot be reached.

Name	Address	Relationship	Telephone No.

Consent for Release: I am giving permission to the following person(s) to pick up my child.

Name	Address	Relationship	Telephone No.

Medical Information

Physician's Name: _____ Tel No.: _____

Insurance Company: _____ Tel No.: _____

Policy No. _____ Group No. _____ Name of Insured: _____

Allergy/Special Health consideration: _____

Routine Medication: _____

School Age Children Yes No

My child attends the following school. His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.

Name and Address of school

School Telephone Number

Parent's Consent

I hereby give do not give consent for my child to participate in field trips (4 years old and up only).

I hereby give do not give consent for my child to participate in water activities(for 18 months up only).

sprinkler play splashing/wading pools water table play

In the event I cannot be reached in case of emergency, I authorize a school staff member to transport my child to the nearest medical care facility. I give consent for Noah's Ark Academy to secure any and all necessary medical care for my child. I understand the cost of this care will be paid by me.

I hereby release and discharge Noah's Ark Academy from any responsibility and waive any and all claims against the school, its faculty and staff, parents and all others acting on behalf of the programs and activities for any injury, death and/or damage while on the school premises, in the custody of, or while being transported by designated personnel and/or companies participating with Noah's Ark Academy.

Mother/Guardian's signature

Date

Father/Guardian's signature

Date

For Office use only:

enrollment form

supply fee _____

Cash _____

medical report

tuition _____

Check _____

immunization record

extended care _____

check # _____