



2024 Summer Enrollment Form

Weeks			Days and Time		Extended Care
<input type="checkbox"/> May 28-Aug.31 <input type="checkbox"/> June 3-7 <input type="checkbox"/> June 10-14 <input type="checkbox"/> June 17-21 <input type="checkbox"/> June 24-28	<input type="checkbox"/> July 1-5 <input type="checkbox"/> July 8-12 <input type="checkbox"/> July 15-19 <input type="checkbox"/> July 22-26	<input type="checkbox"/> July 29-Aug 2 <input type="checkbox"/> Aug 5-8	<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.
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 # _____