



## 2024 Summer Enrollment Form Current student

Weeks			Days and Time		Extended Care
<input type="checkbox"/> May 28-31 <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 and 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
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Child's Home Address	Child's Home Tel No.
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**Parent's Consent**

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

I hereby  give    do not give   consent for my child to participate in water activities (*for 18 months and 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:

Supply fee _____	Cash _____
tuition _____	Check _____
extended care _____	Check # _____