



# 2025 Summer Enrollment Form

<b>Weeks</b>			<b>Days and Time</b>		<b>Extended Care</b>
<input type="checkbox"/> May 28-Aug.30	<input type="checkbox"/> June 30-July 4	<input type="checkbox"/> July 29-Aug 2	<input type="checkbox"/> M-F	<input type="checkbox"/> 8-12	<input type="checkbox"/> AM
<input type="checkbox"/> June 2-6	<input type="checkbox"/> July 7-11		<input type="checkbox"/> MWF/TWTh	<input type="checkbox"/> 8-3	<input type="checkbox"/> PM
<input type="checkbox"/> June 9-13	<input type="checkbox"/> July 14-18		<input type="checkbox"/> MW/TTh		<input type="checkbox"/> AM & PM
<input type="checkbox"/> June 16-20	<input type="checkbox"/> July 21-25		Infant and Toddler 1 only:		
<input type="checkbox"/> June 23-27			days _____		
			<input type="checkbox"/> 8-3	<input type="checkbox"/> 8-6	
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	
<b>Emergency Contact:</b> List in preferential order the people to call if parent cannot be reached.					
Name	Address	Relationship	Telephone No.		
<b>Consent for Release:</b> I am giving permission to the following person(s) to pick up my child.					
Name	Address	Relationship	Telephone No.		
<b>Medical Information</b>					
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:

<input type="checkbox"/> enrollment form	supply fee _____	Cash _____
<input type="checkbox"/> medical report	tuition _____	Check _____
<input type="checkbox"/> immunization record	extended care _____	check # _____