

Student: _____

2 Andrew Road • American Canyon • CA-94503
707-644-6465 • noahsark94503@yahoo.com • LIC. #280100572

Enrollment Checklist

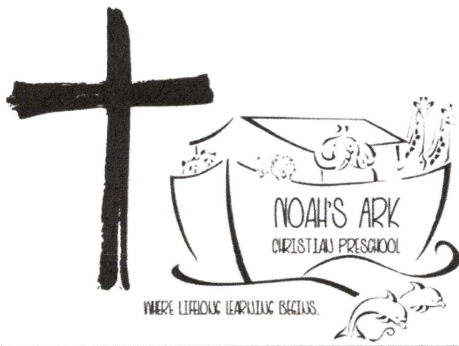
Please return this form with completed enrollment packet

- ___ Interview with Director- date: _____
- ___ Tour of School Campus- date: _____
- ___ Application Packet—Please complete and sign all forms in ink.
 - Green Emergency Card
 - ID & Emergency Information
 - Consent For Emergency Medical Treatment
 - Parent's Rights
 - Personal Rights
 - Parent's Report
 - Physician's Report - *You have 30 days from enrollment to return this form*
 - Admission Agreement
 - Financial Agreement
 - Illness Policy
 - Photo Consent
 - Sunscreen Permission
 - Handbook & Handbook Receipt (Only return the last page)
- ___ Vaccine Records or Copy of Vaccine Records
- ___ Picture of Student (can be emailed)
- ___ Copy of Parent's Driver's License/ID Card (can be emailed)
- ___ Annual Registration Fee \$100 / \$50 for waiting list (Non-refundable)
- ___ Monthly Tuition \$ _____ (See Fee Schedule Enclosed)
- ___ Preferred Start Date: _____
- ___ Preferred Schedule: M Tu W Th F Am Only / Full Time
(Circle) (Circle)

Admission is dependent upon director's discretion, space availability, completion of enrollment packet, and annual registration payment. The Director will contact you once your application is accepted, processed, and your child's place is secured in a class.

Office Use Only: Placed in: _____ M T W T F PSO / AD

Tuition: _____ Start Date: _____ Complete: Y / N



Welcome to Noah's Ark!

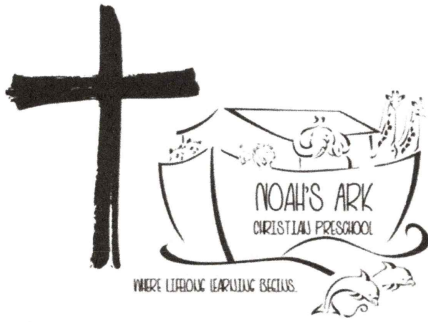
The first day of school is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, it can also be quite stressful for a young child. For many children this may be their first experience of **separation** from parents or care givers at home. It is common for even the most outgoing child to be anxious on the first day of school. We have provided a few suggestions for assisting your child during this time.

- Prepare your child for the new school experience by explaining what to expect
- Answer all questions directly and honestly
- Convey a positive attitude
- Establish a routine involving both the night before a school day as well as morning preparation. Bring something from home to help aid transition (.i.e. blanket, teddy bear, or photograph)
- Clearly state to your child where you will be and when you will return
- Maintain a clear **good-bye routine**. This may include things such as warning the child that you are leaving in 3 minutes, a kiss and hug, a wave from the window, etc...

Once you tell your child you are leaving, it is important to follow through. Prolonging the goodbye may heighten anxiety rather than relieve it.

Please know we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year!

Noah's Ark Staff



Noah's Ark Christian School

Tuition Schedule

Effective August 2023

Monthly Rate for All Day Schedules (any hours 6:30am-6:00pm)

5 Days Per Week - \$1025/mo

4 Days Per Week - \$915/mo

3 Days Per Week - \$805/mo

Monthly Rate for Half Day Schedules (pick up at 12:30pm)

5 Days Per Week - \$750/mo

4 Days Per Week - \$675/mo

3 Days Per Week - \$600/mo

If you wish to add an occasional day to your child's schedule AND there is space to do so the cost will be:

1 Day All Day Rate: \$55

1 Day 1/2 Day Rate: \$40

Tuition is billed for the current month on the 1st day of each month and is due no later than the 5th.

Late tuition payments will incur a fee of \$25 after the 5th and \$30 after the 15th.

Annual Registration is due at the time of registration.

Annual Registration for continuing students is due June 1st.

Registration covers administration costs, helps offset insurance costs, and is not applied toward tuition.

The second sibling in a family will receive 10% off tuition.

Late Pick-up Fees: \$25 for the first 15 minutes (or portion thereof) past pick-up time;

\$1 per minute thereafter.

\$30 return check fee.



What I need to have at school each day to succeed!

Please use this list to make sure your kiddo has everything they need each day. Not only does it help your child feel more secure to have what they need but it helps our day run smoother. **IMPORTANT:** Please mark water bottles, backpacks, jackets, etc. with your child's name.

What I need to have at Noah's Ark each day (arrival no later than 9:00am):

- Water Bottle that can be refilled throughout the day.
- My lunch, including an ice pack to keep my food fresh along with any needed silverware.
- My nap bag with a small blanket and pillow (if I use one). Bring Monday, returned Friday.
- Extra (weather appropriate) clothes for my cubby. (Did I recently bring any home that need to be replaced?)
- A regular-sized backpack to help keep all of my stuff in one place.

What I need to leave at home:

- Toys and Trinkets
- Lotion, Hand Sanitizer, Chapstick, etc. (unless given to the teacher, by parent, to apply)
- Extra snacks (Noah's Ark supplies a morning and afternoon snack, children only need to bring their lunch. The exception to this is if your child has an allergy and you prefer to send all of their food or we've asked you to for safety.)
- School supplies (we provide all of the supplies your kiddo needs throughout the day.)

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

NOAH'S ARK CHRISTIAN SCHOOL & DAY CARE TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

Blank space for listing medication allergies.

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: COMMUNITY CARE LICENSING

Licensing Office Address: 1450 NEOTOMAS AVE, STE 100, SANTA ROSA, CA 95405

Licensing Office Telephone #: HOTLINE (844) 538-8766 / OFFICE (707) 586-5026

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

NOAH'S ARK CHRISTIAN SCHOOL & DAY CARE
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

HOTLINE (844) 538-8766

NAME

COMMUNITY CARE LICENSING

ADDRESS

1450 NEOTOMAS AVE, STE 100, SANTA ROSA, CA 95405

CITY

SANTA ROSA

ZIP CODE

95405

AREA CODE/TELEPHONE NUMBER

(707) 586-5026

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

NOAH'S ARK CHRISTIAN SCHOOL & DAY CARE

(PRINT THE ADDRESS OF THE FACILITY)

2 ANDREW RD, AMERICAN CANYON, CA 94503

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

DATES		DATES		DATES	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?		
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)
 NOAH'S ARK CHRISTIAN SCHOOL & DAY CARE . This Child Care Center/School provides a program which extends from 6 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)
 a.m./p.m. to 6:00 a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td <small>(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</small>	/ /	/ /	/ /	/ /	/ /
MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small>	/ /	/ /			
HIB MENINGITIS <small>(REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)</small>	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA <small>(CHICKENPOX)</small>	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

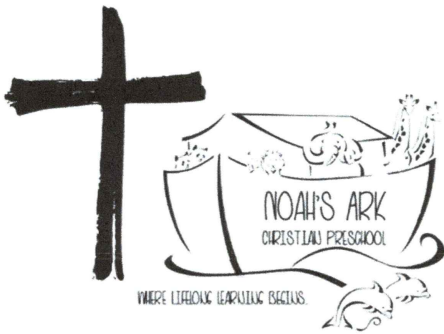
- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
 ___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
 Address: _____
 Telephone: _____

Date of Physical Exam: _____
 Date This Form Completed: _____
 Signature _____

Physician Physician's Assistant Nurse Practitioner



Noah's Ark Christian School Admissions Agreement

Name of Child: _____

Personnel: The administration, faculty and staff of Noah's Ark Christian School meet and/or exceed all requirements and are qualified according to state licensing requirements, according to Section 101216.1. Average working hours vary from four to eight hours per day.

Facility Type: Preschool/Child Care, for well, ambulatory children ages two through entry into first grade. Hours of Operation: Monday-Friday, 6:30am-6:00pm; Capacity: 80 students on any given day.

Facility Operations: See Family Handbook, pages 12 for information regarding illness and vacation policies and a schedule of holidays when Noah's Ark is closed.

Payment Plan: See attached fee schedule and financial agreement in this packet

- Tuition is due and payable in advance. Weekly or bi-monthly payments should be arranged with the office staff.
- No credit is given for holidays. Because we bill according to a four-week month, those months with five weeks will compensate for holidays when the school is closed.
- **Refunds/credits are not given for absences due to vacation or illness UNLESS the child is absent for longer than two weeks and under a doctor's care. Doctor's documentation is required.**

Behavior Policy: Noah's Ark practices positive behavior strategies. We use re-direction and encourage the child to "take a break." Corporal (physical) punishment is never used. Occasionally, we may need to set up a parent conference in order to discuss possible strategies to help with the behavior in question. **It is at the discretion of the Director to dismiss a student based on but not limited to: unacceptable behavior, policies and regulations not adhered. ** If behavior persists (i.e. aggression, self-injurious, property destruction, or refusal to follow directions) it is our policy to allow you up to two weeks to find alternate care best suited to meet your child's individual needs.**

Personal Belongings: See Family Handbook, (Reminder: personal belongings MUST be clearly marked with the child's name: jacket, blanket, lunchbox, backpack, etc.)

Incidental Information: Please see Parent Handbook for information on conferences and field trips. Parents are responsible for updating emergency contact information IMMEDIATELY upon any change. **When withdrawing from Noah's Ark, parents are required to give notice in writing two weeks before withdrawal and financially obligated to pay for those two weeks, as per the signed financial agreement.**

Noah's Ark Christian School and Child Care, and its parent corporation, American Canyon Community Church, are not financially liable for any bills or decisions incurred during emergency care or treatment, including agencies such as the fire department, ambulance, 911-life helicopter, or any decisions made by the attending physicians.

I hereby release, indemnity and hold you, agents and employees, harmless from any and all claims, damages or other liabilities for injuries to or damage by my child which are not a result of negligence by Noah's Ark Christian School and Child Care, its agents or employees, including field trips and transportation.

I hereby warrant to Noah's Ark Christian School and Child Care that I am entitled to legal custody and possession of my child, and accordingly am authorized to sign this enrollment form.

**For your information: the state licensing board has inspection authority as specified in Health & Safety Code Sections 1596.852 and 1596.853. Any duly authorized officer, employee, or agent of the Department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision and services at any time, with or without advance notice, to interview staff, children, review records, to secure compliance with, or to prevent a violation of this act.*

Signature of Mother/Guardian

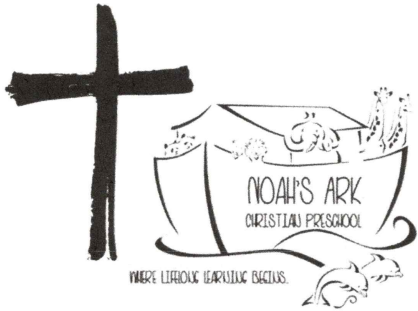
Date

Signature of Father/Guardian

Date

Signature of Director/or Acting Director

Date



Noah's Ark Christian School Financial Agreement

I/we the parents/guardian(s) of _____ have received and read my copy of the Parent Handbook and agree to cooperate with the policies and purposes of the school.

I/we agree to the conditions of this admissions agreement.

I/we understand according to these policies that a two-week written notice is required prior to withdrawal from Noah's Ark in order to avoid an additional charge. I understand that any charges will be at the discretion of Noah's Ark Director.

I/we understand that tuition is due and payable on the first of each month, in advance, If payment is not received by the 5th, a \$20 late fee will be charged.

I/we understand that it is Noah's Ark policy that tuition is to be paid in full by the end of the month, or my child may not attend until payment arrangements are made.

I/we understand that there is a \$30 returned check fee. You will be required to pay the returned tuition payment by cash, money order or cashier's check for that month. *(If your bank is not local you may rewrite a check for the returned tuition.)* After the third returned check, we will no longer accept personal checks as payment. You will be required to pay all tuition and fees by money order or cashier's check.

I/we understand that Noah's Ark does not offer credit for missed days, vacation, or illnesses. Tuition is required to reserve your child's spot in the classroom.

I/we understand that because Noah's Ark bills for a four-week month, there is no credit or adjustment given for holidays. Those months that have five weeks will compensate for those days.

I/we understand the urgency of keeping emergency contact information updated. I/we agree to notify the office of any changes immediately.

I/we agree to contact Noah's Ark by 9 am when my child will not be attending school due to illness, etc. on regularly scheduled days.

Signature of Parent/Guardian

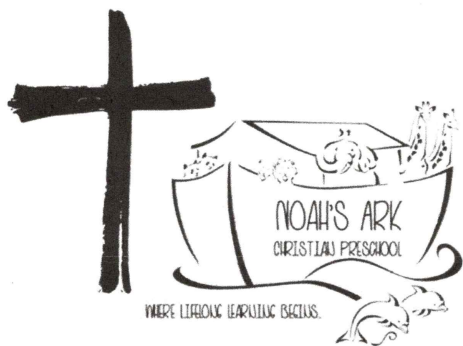
Date

Signature of Parent/Guardian

Date

Signature of Director/Administrator

Date



Noah's Ark Christian School Illness Policy

Name of Child: _____

In order to minimize student illness, Noah's Ark would like to specify the following conditions a student should remain at their homes or be sent home during the school hours due to contagious illness.

Identification of illness. It is the responsibility of the teacher to report any suspected contagious illness to the director so that they may determine whether an individual exhibits one or more of the following symptoms which would require that they not attend school until they are past the time in which they would be spreading a particular illness.

Contagious Symptoms

- Fever: Any temperature over 99.0 degrees would be recognized as having a fever.
- Diarrhea: Any occurrence of abnormally frequent intestinal evacuations.
- Vomiting
- Runny Nose: Any individual who is exhibiting excessive nasal discharge which has a yellow or greenish appearance.
- Coughing: Any severe and frequent coughing

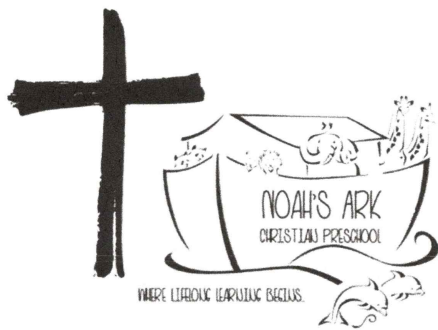
Procedure

- Upon examination by the director they will be found to be in sufficient health to remain in the program for the day or will be found to be exhibiting one or more of the above symptoms requiring the student to be sent home.
- The parent will be contacted to pick up the student for transportation to their home.
- The student should remain out of school until they are past the period in which they may be contagious. This will be no less than 24 hours after the disappearance of the previously mentioned symptoms, and in some cases, a doctor's note.
- Upon returning to the program the parent will send along an excuse explaining the reason for the absence.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



Noah's Ark Christian School Photo Consent Form

Dear Noah's Ark Families,

It is our desire to share with you the many activities your child is a part of at Noah's Ark. Your consent is needed to take pictures and videos of these activities. These images may also be used in various media forms (newsletters, website, staff trainings, etc.) We would also like to point out that we would never use your child's name on any type of media or advertisement that might go outside of the school (Facebook, etc.) and that all pictures would be in good taste using our very best judgement.

Please carefully read below. Please indicate by circling "Y" for Yes or "N" for No to consent to the various uses we may use pictures or videos.

I give permission to Noah's Ark Christian School to photograph my child, to be used in the following ways:

- **School Newsletter**..... Y / N
- **Facebook**..... Y / N
- **Displayed in Classroom**..... Y / N
- **School Website**..... Y / N
- **Advertisement (Brochures)**..... Y / N
- **Via Message (Email/Remind/ProCare) Sent to You**..... Y / N
- **To Document the Learning Process of Classroom Activities**..... Y / N

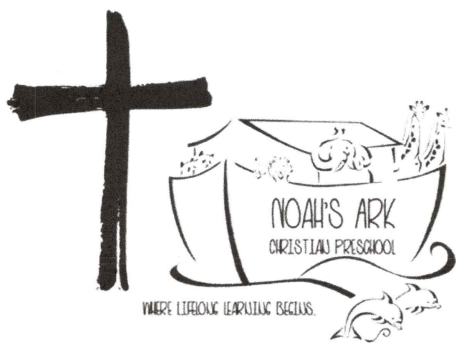
Comments: _____

Student's Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Noah's Ark Christian School Permission to Apply Sunscreen

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at **Noah's Ark Christian Preschool** to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of May through October and between the daily times of 11a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

_____ I do not know of any allergies my child has to sunscreen.

_____ Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.

_____ I have provided the following brand/type of sunscreen for use on my child:

_____ My child is allergic to some brands of sunscreen, please only use the sunscreen I have provided, listed above.

_____ For medical or other reasons, please do not apply sunscreen to my child.

Parent/Guardian full name: _____

Parent/Guardian signature: _____ Date: _____

Noah's Ark Christian Preschool is committed to safeguarding and promoting the health and welfare of children and their families and expects all staff and volunteers to share this commitment.

Parents' Guide to Immunizations

Required for Pre-Kindergarten (Child Care)



Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2-3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months-5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses. Required only for children younger than 5 years old.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

Varicella = chickenpox vaccine

Hib = Haemophilus influenzae, type B vaccine

MMR = measles, mumps, and rubella vaccine