

NOAH'S ARK LEARNING CENTER

Registration for Enrollment -

Write time frame Ex: 09-10 Sch. Yr. or 09 Summer

Child's Name _____ Birthdate _____

Home Address _____ Phone _____

City _____ Zip _____ Enrollment Date _____

Father/Guardian Name _____	
Address _____ (If different from child)	Phone _____ (If different from child)
Cell Phone _____	E-Mail Address _____
Father's Employer _____	
Employer's Address _____	Employer's Phone _____

Mother/Guardian Name _____	
Address _____ (If different from child)	Phone _____ (If different from child)
Cell Phone _____	E-Mail Address _____
Mother's Employer _____	
Employer's Address _____	Employer's Phone _____

List name, address and phone number of the person to call if neither parent can be reached in case of emergency:

Other children in family (list name and age of each)

List names, addresses and phone numbers for persons authorized to take the child from Noah's Ark

List name, address and phone number for the following:

Hospital of Choice _____

Child's Physician _____

Child's Dentist _____

NOAH'S ARK LEARNING CENTER

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission for center personnel to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that center personnel will make a conscientious effort to locate emergency contacts listed on the registration form before any medical action is taken except for life-threatening situations. Parents or guardians are liable for the expense of emergency medical or surgical treatment.

Parent or Guardian Signature date

Parent or Guardian Signature date

AUTHORIZATION FOR TRANSPORTATION AND PARTICIPATION IN SPECIAL ACTIVITIES

I hereby give permission for my child, _____, to be transported for field trips and/or to and from elementary school. I hereby give my permission for my child to participate in school activities including field trips, television and video viewing and understand these are planned in keeping with the philosophy of the school to provide wholesome and educational activities. **We will not take any child 2 ½ years and younger off Noah's Ark property**

Parent or Guardian Signature date

Parent or Guardian Signature date

PARENT HANDBOOK ACKNOWLEDGMENT

I have read and agree to the center's policies and procedures contained in the parent handbook.

Parent or Guardian Signature date

Parent or Guardian Signature date

SUNSCREEN PERMISSION

Our center will provide Rocky Mountain Sunscreen SPF 30. Please take a moment to insure your child is not allergic to any of the following: Octyl Methoxycinnamate, 2-Ethylhexy Salicylate, Homosalate, Oxybenzone. This sunscreen is Paba free, waterproof, hypoallergenic, fragrance-free, non-greasy, and moisturizing and aloe based. I authorize Noah's Ark staff to apply Rocky Mountain Sunscreen SPF 30 to my child, _____, for all his/her outdoor activities

Parent or Guardian Signature date

Parent or Guardian Signature date

PERMISSION TO SLEEP ON COT (Only needed for children 2 years and younger)

I hereby give permission for my child, _____, to sleep on a cot for daily nap and/or rest times.

Parent or Guardian Signature date

Parent or Guardian Signature date

Refer a New Student to Us --

Get \$75 Credit

If you have a child who is a current student or who has attended our center, you can receive \$75 for referring a new family to us.

- Must be a new family to our center
- New student must attend one month before credit is given

Noah's Ark Learning Center Referral Form

New Student Name _____

Referring Student Name _____

If referring student is not currently attending, please list a phone number or address for us to send a check to them.

Referring Student Phone # _____

Referring Student Address _____

Optional New Student Information

How did you find out about our center? Phone book ____ Website ____

Other _____

What church do you attend? _____

Do you want information about our church? Yes ____ No ____

**NOAH'S ARK LEARNING CENTER
TUITION / FEES SCHEDULE
2009-2010 SCHOOL YEAR – Aug. 31, 2009 to May 29, 2010
2 ½ years (30 mos.) to 11 years**

Registration Fee: There is an annual fee of \$75.00 per child at the time of registration. This fee is due every year no later than September 1.

**3 hour Preschool
(8:30-11:30 a.m.)**

Tuesday & Thursday Preschool

\$194 per month
\$174 per month – 2nd child

Monday, Wednesday, Friday Preschool

\$291 per month
\$261 per month – 2nd child

**4 hour Preschool
Includes one meal
& morning classes**

Tuesday & Thursday

\$236 per month
\$212 per month – 2nd child

Monday, Wednesday, Friday

\$354 per month
\$318 per month – 2nd child

**Child Care Tuition
(Full Day)**

weekly (5 days)

\$190 per week
\$171 per week – 2nd child

daily (1 to 4 days)

\$39 per day
\$35.10 per day – 2nd child

Note: Full day tuition includes breakfast, lunch, afternoon snack and morning classes.
A full day rate is charged for child care given for over 4 hours in one day.

**Elementary School-Agers
(Before & After School)**

weekly (5 days)

\$97 per week
\$87.25 per week – 2nd child

daily (1 to 5 days)

\$19.40 per day
\$17.45 per day – 2nd child

**(Before Only or
After Only)**

\$51.75 per week
\$46.50 per week – 2nd child

\$10.35 per day
\$9.30 per day – 2nd child

Note: School-age rate includes transportation and breakfast &/or afternoon snack.

**If you are a parent with more than one child enrolled at Noah's Ark, the child with the lowest weekly tuition will be awarded the 2nd child discount.

**NOAH'S ARK INFANT/TODDLER CENTER
TUITION/FEES SCHEDULE
8 weeks to 2 ½ years (30 mos.)**

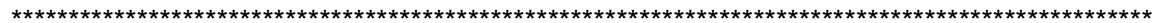
Registration Fee: There is an annual fee of **\$75.00** per child at the time of registration. This fee is due every year no later than September 1.



8 weeks to 18 months	<u>Weekly (5 days)</u> \$238 per week	<u>Monthly Paid</u> \$1030 per month
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18 mos. to 24 mos.	<u>Weekly (5 days)</u> \$233 per week	<u>Monthly Paid</u> \$1010 per month
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24 mos. to 30 mos,	<u>Weekly (5 days)</u> \$233 per week \$209.70 per week-2 nd child	<u>Monthly Paid</u> \$1010 per month
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	<u>2 Day Program</u> \$94 per week \$84.60 per week-2 nd child	
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	<u>3 Day Program</u> \$141 per week \$126.90 per week-2 nd child	
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**If you are a parent with more than one child enrolled at Noah's Ark, the child with the lowest weekly tuition will be awarded the 2nd child discount.

NOAH'S ARK LEARNING CENTER

TUITION AGREEMENT for _____

Write time frame Ex: 09-10 Sch. Yr. or 09 Summer

Registration fee: There is an annual fee of \$75.00 per child at the time of registration and/or at the beginning of every school year due no later than September 1. Students who attend only on elementary school days off or only during the summer months have a \$25 annual fee.

Tuition fees: Payment is due in advance. If paying weekly, your fee is due at the beginning of the week, no later than Wednesday 9:00 a.m. If paying monthly, your fee is due at the beginning of the month, no later than the 10th.

Payment Plans: All three-hour and four-hour students are required to pay monthly during the school year which is from September through May. During the two-week Christmas Break and the one-week Spring Break, no preschool classes are in session. You will be charged for any days you attend during these breaks. Your monthly tuition amount reflects this time off because you have been charged for 36 weeks during our 39-week school year. No absence credits will be given.

Three-hour and four-hour children attending in the summer, full day children, before/after elementary students and children in our infant/toddler center may choose to pay either weekly or monthly. These students also receive absence credits if not on the summer drop-in option.

Please check your payment plan:

_____ Weekly: The current week must be paid no later than 9:00 a.m. Wednesday.

_____ Monthly: The current month must be paid no later than the 10th of the month

Late Payments: If a weekly payment is late, there is a \$2.50 surcharge added to your account. If a monthly payment is late, there is a \$10.00 surcharge added to your account. If an account is more than one month past due, your child is not allowed to attend our center until your account is current.

Method of Payment: To facilitate payment, we accept checks from your online banking, Master Card, Visa and Discover credit cards, cash and personal checks. You will find a secure wooden payment box with an opening on top by the front counter both upstairs and downstairs. There is a \$15.00 charge on returned checks. If you want your credit card charged on a regular basis, please complete the Credit Card Payment Form which is available in the office.

Invoices and Receipts: To save on paper, we will no longer print invoices unless there is a discrepancy between what is paid versus what is owed. However, you may request an invoice or receipt. They will be put in your Parent Folder which is located in the crate on the front counter.

Absence Credits: From **September through August** students may take credit based on their contracted weekly schedule. This credit may not exceed more than two times their contracted tuition rate. You need to let us know in writing when you want this credit applied to your account.

Closures: There is no tuition credit given when the center is closed. We are scheduled to be closed: Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Day, Memorial Day and Independence Day. If a holiday falls on a weekend, we are closed on the weekday closest to the holiday.

Schedule Changes: When a new tuition agreement is completed, we will make a change to your contracted schedule and the amount of absence credit.

Additions to Your Schedule: Pre-approved additions to days or hours to your contracted schedule will be charged to your account and due with your next weekly or monthly payment.

Late Pickup: On those exceptional occasions that a child is picked up after our closing hours, there is a late fee of \$1.00 per child for every minute that a child remains after 6:00 p.m.

Withdrawal: A written two-week notice informing the center of the date the child will be withdrawn is required. If no notice is given, you will be charged your regular tuition rate for two weeks after the last day of attendance. This charge will be used to cover the period of time it takes to fill the empty slot. If there is a balance on your account, a 3% monthly surcharge will be accrued.

Contracted Schedule: Please fill in days and times in which your child will be attending.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time In					
Time Out					

I have read the policies regarding tuition payment for services provided for my child(ren),

_____, and agree to abide by them.
 Child's(ren) Name(s)

 Parent or Guardian Social Security Number Date

 Parent or Guardian Social Security Number Date

To be completed by Noah's Ark. You will be given a copy for your records.

Contracted Schedule _____ Date Contracted _____ Total Amt. of
 Amt. you pay ea. wk = _____ x Schedule Starts _____ = Absence Credit _____

Date your child starts the above contracted schedule is in Sept., Oct. or Nov. = 2
 Date your child starts the above contracted schedule is in Dec., Jan. or Feb = 1.5
 Date your child starts the above contracted schedule is in Mar., Apr. or May = 1
 Date your child starts the above contracted schedule is in June, July or Aug. = .5