

Registration Form

Noah's Ark Preschool & Childcare
1400 Harvell Drive
Bellevue, NE 68005
(402) 827-NOAH



****Registration is complete when all items including registration & FACTS forms, fees and immunizations are turned in to Noah's Ark office. This will ensure your child is included in class lists.****

Please check category desired:

_____ Fall 2011/2012 (Sept—May) Full-time childcare
(includes preschool each morning, meals & childcare from
6:30 a.m.—6:00 p.m. as needed)

_____ Summer 2011 (Full Time Only)
(June, July & August)

_____ Part-time Preschool (8:30 a.m.—11:30 a.m.)
_____ 3 day Preschool for 3 yr olds (M-W)
_____ 4 day Preschool for 4 yr olds (M-Th)
_____ 5 day Pre-K Program (M-F)

_____ Before & After School Care
(first day of school to the last)

Student's Name:

_____ Last

_____ First

_____ Middle

Preferred Name: _____

Home Phone: _____

Parents Home Email: _____

Complete Mailing Address (Student's Residence)

(to inform you of pertinent information)

Birth Date: _____

Present Age: _____

*Student Census information:

Gender

Male

Female

National Origin

Caucasian

African American

Hispanic

Asian

Native American

Other

Student Lives with

Mother

Father

Both

Other (specify)

*Requested to meet student census requirements only; Noah's Ark Preschool & Daycare admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

Main reason for enrolling your child at Noah's Ark: _____

Names and grades of any siblings applying or now attending Noah's Ark Preschool & Childcare:

Name: _____

Class: _____

Name: _____

Class: _____

Persons who have permission to pick your child up (other than parents):

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Concerning preschool and/or daycare children: Does your child ever sleep walk: ___ Yes ___ No

Has your child had formal swimming instruction: ___ Yes ___ No If so, how much? _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. In the event that neither I nor the below-listed emergency references can be reached, I authorize Noah's Ark to arrange for a doctor and the providing of necessary medical or surgical services as are deemed necessary to protect the welfare of my child. I understand Noah's Ark/Bellevue Christian Center, and/or its agents will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify Noah's Ark in the event of any health changes, which would restrict my child's participation in any normal children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Child's Physician: _____ Office Phone: _____
Address: _____
Street City Zip

Current Medical Insurance covering child (name and policy number): _____

Emergency Contacts

Father's (or legal guardian's) full name: _____
Employer: _____
Position held: _____ Work phone number: _____ Ext.: _____
Work Email: _____ (to inform you of pertinent information)

Hours you can be reached there? Daytime, Monday through Friday
 Other (specify) _____

Mother's full name: _____
Employer: _____
Position held: _____ Work phone number _____ Ext.: _____
Work Email: _____ (to inform you of pertinent information)

Hours you can be reached there? Daytime, Monday through Friday
 Other (specify) _____

In case of emergency and the parents/guardians cannot be reached, Noah's Ark personnel are authorized to contact the following person(s) (local persons other than parents who live in different households):

Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

Please list all prior Daycare/Preschool programs in which the child has previously been enrolled.

1. Care provider: _____ Phone: _____ Duration: _____
2. Care provider: _____ Phone: _____ Duration: _____

Family Church Information

Name of Church: _____
Mailing Address: _____
Phone Number: _____ Pastor's Name _____

Medical Information

1. Check if child has had any of the following. Please provide details as you deem necessary. (See #3 below.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Operations | <input type="checkbox"/> Polio-Physical Disability | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Fractures | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Concussion or head injury | <input type="checkbox"/> Kidney Infection | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Others | | |

2. Check if student currently has any of the following. Please provide details below as you deem necessary. (See #3 below)

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing loss or defect | <input type="checkbox"/> Ear Trouble |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Glasses | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Allergies-to what | <input type="checkbox"/> Constipation | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Abdominal pains | <input type="checkbox"/> Hernia | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Trouble | |

3. Is your child presently being treated for an injury or illness, or taking any form of medication for any reason?
 Yes No (if yes, please explain) _____

4. Is your child allergic to any type of medication/food? Yes No (if yes, please explain) _____

5. Any other medical information, which you feel, we should have about your child? Specify: _____

Nebraska Law, (Section 79-1913.01) states that each child enrolled in a preschool or daycare be protected against measles, mumps, rubella, diphtheria, tetanus, pertussis, and polio, before attending school. Complete dates when immunizations were given must be recorded. Exceptions may be made only if the parent or guardian submits certification by a physician, certified nurse practitioner, or a physician assistant that immunization is not appropriate for a stated medical reason, or a written statement that the parent or guardian does not wish to have such child immunized and the reasons therefore.

The recommended schedule for immunizations is:

- | | |
|----------------------------------|--|
| 2 months-DTaP, Polio, Hib, Heb B | 15 months-DTaP, Polio, MMR, Hib, Heb B, Varicella |
| 4 months-DTaP, Polio, Hib, Heb B | 2 yrs-DTaP, Polio, MMR, Hib, Heb B, Varicella (if none before) |
| 6 months-DTaP, Polio, Hib, Heb B | School Entry-DTaP, Polio, MMR, Hep B, Varicella (if none before) |

PLEASE SUPPLY COPY OF IMMUNIZATIONS (BELOW IS AN EXAMPLE FOR A 4 YEAR OLD BORN IN SEPTEMBER 2000)

DTaP Mo./Day/Year	POLIO (IPV) Mo./Day/Year	M-M-R Combined	HIB Mo./Day/Year	HEB B Mo./Day/Year	Varicella Mo./Day/Year
1 11/17/00	1 11/17/00	1 09/26/01	1 11/17/00	1 01/09/01	1 12/03/01
2 01/18/01	2 01/18/01	2 10/06/04	2 01/18/01	2 03/20/01	2 ___/___/___
3 04/02/01	3 04/02/01		3 09/26/01	3 12/03/01	
4 06/21/02	4 10/06/04		4 10/20/02		
5 10/06/04					

**If these dates (months, years) and source of immunization cannot be provided, your child will be considered un-immunized and must be referred to your private physician or local board of health to receive appropriate immunizations or exclusion of your child will follow.

******IN SIGNING THIS CONSENT/CERTIFICATION FORM I UNDERSTAND THAT ALL OF THE FOLLOWING APPLIES TO MYSELF******

Consent and Certification

As the parent/guardian of the aforementioned child, I do hereby consent to the participation of my child in all of the regularly scheduled activities of Noah's Ark Preschool & Childcare in Bellevue, Nebraska from _____, 20 ____ to _____, 20____; including field trips, swimming (during summer childcare program) and any other activities customarily associated with such. I certify that my child is physically fit to participate in such events, (including swimming for summer childcare program unless noted elsewhere). I understand parents will be given specific information concerning each field trip and appropriate dress will be required. In addition, I have not omitted listing any prior Childcare or Preschool programs in which my child has been involved.

I consent to my child being transported to and from Noah's Ark sponsored activities in Noah's Ark designated vehicles. I release Noah's Ark, Bellevue Christian Center and/or it's agents from responsibility and liability for any injuries incurred during field trips or other activities customarily associated with the preschool and daycare.

-I also consent to allow photos taken at the Noah's Ark facility to be used in / on advertising brochures, forms and websites.

-Enrollment is conditional upon satisfactory evaluation and references.

-It is my responsibility to take seriously my financial obligation by paying my bill on time.

-I need to use wisdom in keeping my child out of school when serious communicable diseases occur to him/her until assured by the doctor that he/she is no longer contagious. (See Parent Handbook for guidelines.)

-I have determined that Noah's Ark is competent to give or apply medication to my child. I understand that the Child Care center and preschool director have the responsibility to assess the ability of any staff to give or apply medication safely and may give or apply medication to my child. I also understand that a Medication Release Form will also have to be filled out before any medication can be administered to my child.

-I am to notify Noah's Ark immediately of any changes of information on this or other school forms (i.e., change of address, phone numbers, health information, etc).

-In sending my child to Noah's Ark, I am accepting their principles of education as spelled out in the handbook and will make myself available to support the staff. If I have differences of opinion, I will come to the staff rather than undermine their effectiveness by expressing disagreement with the school's philosophy.

I further consent that the information provided to me in the Noah's Ark Parent Handbook will be read and strictly abided by.

Must be signed in the presence of a Notary Public

Print name of parent/guardian

Signature of parent/guardian

State of Nebraska
County of Sarpy

Date: _____

On this _____ day of _____, 20____, before me personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.
