

Enrollment Form

Faith Christian Academy
Noah's Ark Pre School & Daycare
700 North Main Street
Sellersville, PA 18960
215-257-4549

**GENERAL INFORMATION**

New Enrollment ☐ How did you hear about us?
____ friends ____ relative ____ internet ____ other _____

E-mail address _____ Address already on file ☐

PARENT INFORMATION

Name(s) _____
(Father's) Last First (Mother's) Last First

Address _____
Street Town Zip

Parents are: ____ Married ____ Widowed
____ Separated ____ Divorced ____ Child lives with father ____ Child lives with mother

Father's Employer _____ Work () _____ Cell () _____

Mother's Employer _____ Work () _____ Cell () _____

STUDENT INFORMATION

(1) _____ Grade Entering _____ Date of Birth _____

Last First Middle
Date of last tetanus booster _____ Any special medication, allergies to medicine or physical impairment

(2) _____ Grade Entering _____ Date of Birth _____

Last First Middle
Date of last tetanus booster _____ Any special medication, allergies to medicine or physical impairment

(3) _____ Grade Entering _____ Date of Birth _____

Last First Middle
Date of last tetanus booster _____ Any special medication, allergies to medicine or physical impairment

_____ Emergency

EMERGENCY INFORMATION

Phone number () _____ Person to ask for _____ Relationship _____
(other than parent—a local person to care for child if we are unable to reach a parent or guardian)

() _____ Person to ask for _____ Relationship _____

() _____ Person to ask for _____ Relationship _____

Signature of Parent

Date

CONTINUED ON BACK

MEDICAL RELEASE INFORMATION

Family or Child's Physician _____ Office () _____
If I am unavailable, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia and surgery for my child if deemed necessary.

Signature of Parent

Date

FINANCIAL INFORMATION

Day Care rates will remain fixed throughout the entire year, your rate will be set by the age of your child in September and will not change at the child's birthday. Payments for Day Care must be paid weekly. If payment is withheld for two weeks, a \$ 10.00 penalty will be added. If payment is withheld beyond two weeks, your child must be withdrawn from Day Care until your account is current.

Please make all checks payable to **Noah's Ark Day Care.**

Payment is required for the days in which you have reserved for your child, regardless of if they are in attendance.

Signature of Parent

Date

ANNUAL ASBESTOS NOTICE

In compliance with the Asbestos Hazard Emergency Response Act (AHERA) we are providing you with the required annual notice of the availability of our Asbestos Management Plan. This plan will be available for inspection at our offices without cost or restriction during normal office hours.

DISMISSAL NOTICE

I understand that Noah's Ark Daycare reserves the right to dismiss my child if deemed necessary.

Signature of Parent

Date

HOME AND SCHOOL GUIDE AGREEMENT

My child and I have read and agree to abide by the rules as stated in the Faith Christian Academy Home and School Guide.

Parent's Signature _____

STUDENT ADVERTISEMENT PERMISSION & STATEMENT OF COOPERATION

I agree to allow Faith Christian Academy the use of my child's picture (likeness) and/or name to appear in the annual yearbook, the Faith Christian Academy website, and newspapers.

Parent's Signature _____

I understand the school policy on finances is that in the event of graduation, withdrawal, transfer, or expulsion, I am responsible for full payment of tuition and other fees through the end of the calendar month in which such event takes place. I understand the school may withhold report cards and other records until tuition and other fees have been paid in full. I agree and give my support to these policies.



Parent's Signature