

Noah's Ark Christian Child Care
3702 G Road
Palisade CO
970-464-4851
Enrollment Application

Child's Name _____ Birth date _____
S.S.# _____ - _____ - _____ Nickname _____
Any known Allergies _____
Any current Medications _____

Father's Name _____ S.S.# _____ - _____ - _____
Home Address _____
City _____ ZIP _____
Employer _____ Work# _____
Cell phone # _____ Email address _____

Mother's Name _____ S.S.# _____ - _____ - _____
Home Address _____
City _____ ZIP _____
Employer _____ Work# _____
Cell phone _____ Email address _____

Child's Doctor _____
(Name) (Address) (Phone)

Child's Dentist _____
(Name) (Address) (Phone)

Preferred Hospital in the unlikely event the child needed to be transported:

(Name) (Address) (Phone)

Names of other children in family

Church affiliation _____

Would you like our Pastor to contact you? YES NO

Desired Contracted Days of Care

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Time (5 hrs or more) \$30.00					
Part Time(Less than 5 hrs) \$23.00					
Before School \$13.00					
After School \$13.00					
Before <i>and</i> After school \$18.00					

Care will begin on: _____

Child's Name: _____

Parent's Signature: _____

Please note that these are the days that you will be billed for. IF these days change please see the Center Director to adjust your contracted days of care!

Also, you will be asked to update your contracted days of care for our Fall and Summer Programs. When you receive new paperwork to register for Fall or Summer please be prompt and return that paperwork to ensure that there is a spot for your child. Please note that there is a Registration Fee applied to each account for Fall and Summer. This is a reoccurring fee that is applied to all families in June, and September.

Please provide your personal email for invoice and communication updates.

(Email)

Please provide a cell phone number and your current provider for important alerts from Noah's Ark!

(Cell Phone Number)

(Cell Phone Provider)

Standard rates may apply

Emergency/Pick-Up List

In the event of an emergency if I cannot be reached, I authorize the following individuals to be contacted regarding my child. I also authorize these individuals to pick my child up:

(Name) (Relationship to child) (Phone)

Address: _____

(Name) (Relationship to child) (Phone)

Address: _____

(Name) (Relationship to child) (Phone)

Address: _____

____ Additional Individuals (if any) Authorized to pick-up my child with a photo ID:

(Name) (Relationship to child) (Phone)

(Name) (Relationship to child) (Phone)

(Name) (Relationship to child) (Phone)

(Name) (Relationship to child) (Phone)

Parent's Signature: _____ Date: _____

Consents Form

All necessary numbers are recorded on the first page of the Enrollment Application

Please initial all, and sign at the bottom.

I hereby give my consent to the Noah's Ark staff to provide basic First-Aid to my child in the event of a minor injury.

Initials _____

I hereby authorize Noah's Ark staff to give my child medications IF the medications are proscribed by my child's doctor, and all required paperwork is filled out appropriately.

Initials _____

I hereby give my consent to the staff at Noah's Ark Christian Preschool to call a doctor for medical care for my child.

Initials _____

I hereby give my consent in the event of a medical emergency to the staff at Noah's Ark Christian Preschool to take my child to an appropriate emergency clinic or to contact local EMS to provide care and/or transport my child to the necessary location for them to receive emergency care.

Initials _____

I hereby agree that the expense of such medical care, and/or an ambulance, if deemed necessary, will be incurred by me. It is understood that a conscientious effort will be made to locate me or my spouse prior to such action being taken if time allows.

Initials _____

I hereby give permission for my child to leave the school premises with groups of children under the supervision of staff members for field trips in an authorized school vehicle. I also give permission for my child to be transported to and/or from Taylor Elementary is applicable.

Initials _____

I hereby give permission for Noah's Ark staff to photograph/videotape my child for enrollment, continued education, activities, special events, and field trip identification.

Initials _____

I hereby give permission for Noah's Ark staff to apply sunscreen and insect repellent when needed on my child. I agree to provide sunscreen which can be used in a community style method. IF my child has special sunscreen I agree to provide said sunscreen with their name clearly labeled on the bottle.

Initials _____

(Child's Name)

(Parent's Signature)

(Date)

Noah's Ark Christian Preschool
Health Evaluation Form
970-464-4851
Fax: 970-464-7444 (Please call before Faxing)
noahsark30@yahoo.com

The child care facility must obtain for every child who enrolls in the child care program a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health professional who has seen the child in the last 12 months.

Child's Name _____ Sex _____ Date of Birth _____
Address _____

Past Illnesses – Check those the child has had, and give approximate dates

Chicken Pox _____	Rubella _____	Rubeola _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems _____

Please provide any special attention needed when caring for this child

Medications prescribed _____

Allergies _____

Vision concerns _____

Hearing concerns _____

Date of most recent examination of the child _____

(Signature of licensed physician or health care professional)

(Date)

Please Print _____
(Name of Physician/Health Care Professional)

(Address)

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School Animal Permission Form

We have a therapy dog at our school. She is a German Shepherd named Grace. Grace is up to date on all of her shots and loves the students at Noah's Ark Preschool. Grace is mostly outside and in the office so has very little contact with the children. Please let us know if your child has an allergy to dogs.

Please sign this form stating you understand that we have a dog at the preschool and you give permission for your child to be at school with the school dog.

Date: _____

Student's Name _____

Parent Signature _____