

# Noah's Ark Learning Center

3115 N. 15<sup>th</sup> St., Coeur d' Alene, ID. 83815

## 2018-2019 School Year Registration Form

Child's Full Name \_\_\_\_\_

Sex: F or M Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

E-mail \_\_\_\_\_ Church You Attend \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Texting? \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Texting? \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Address(if different) \_\_\_\_\_  
Street City State Zip

If separated or divorced, is the other parent allowed to pick the child up? Y or N (*Legal Documentation Required*)

Dr's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Insurance Provider \_\_\_\_\_

Name of Siblings _____	Age _____	Brother or Sister
_____	Age _____	Brother or Sister
_____	Age _____	Brother or Sister

### EMERGENCY CONTACTS & PERSONS WHO MAY PICK UP *if parents cannot be reached:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Noah's Ark Learning Center? *Circle below:*

Friend(s)    Family    Co-workers    Telephone Book    Internet    Other \_\_\_\_\_

Did your child or a sibling attend here previously? Y or N What other childcare facilities or school has your child been in before? \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

**\* In case of a medical emergency, permission is granted to Noah's Ark Learning Center to meet the needs of my child in caring for the emergency. I, the parent, agree to care for the expenses so incurred.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

For Office use only:

Summer Program  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Media/Photo  
\_\_\_\_\_ Yes \_\_\_\_\_ No

# Health Record

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

**We are required by Idaho State Law (Idaho code 39-1118) to keep current immunization records on file. Please provide documentation of your child's immunization record. A Certificate of Exemption is required to be exempt from immunizations.**

My child has had these communicable diseases: (Give approx. dates)

Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_

Are there any Medication/drugs taken regularly by child? Please list: \_\_\_\_\_

Has your child had a recent Medical check-up? \_\_\_\_\_ What were the results? \_\_\_\_\_

Health problems NALC needs to be aware of:

Allergies \_\_\_\_\_

		<i>Epi-Pen Required?</i>			
		Y	N		
Eczema _____	Vision Loss _____			Hearing Loss _____	
Seizures _____	Asthma _____			Diabetic _____	
Other? _____					

Please explain any allergies or special needs: \_\_\_\_\_

Has your child ever received services from: Harding Family Center \_\_\_\_\_ Physical Therapy \_\_\_\_\_  
Speech Therapy \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Developmental Disabilities Agency \_\_\_\_\_  
Infant/Toddler Program \_\_\_\_\_ Other \_\_\_\_\_

Is there anything we need to know about the health of your child? \_\_\_\_\_

**THE ABOVE INFORMATION IS CORRECT AS OF THIS DATE:** \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Telephone #

## Media/Photo Release

Throughout the year, Noah's Ark staff may be taking photographs or making videos of the children of Noah's Ark participating in the varied activities of the center. These photos may be used for promotional purposes in printed material or on social media sites, such as Facebook. Also throughout the year, the media may be present in our school or at various events to cover school events and/or activities. As part of the media/photo coverage, photographs and names of students are often requested to be published. Please check the appropriate box to indicate whether your child may participate in media/photo coverage that may identify your child by photograph and/or name:

\_\_\_\_\_ YES, my child, \_\_\_\_\_ may participate in media/photo coverage.

\_\_\_\_\_ NO, my child, \_\_\_\_\_ may not participate in media/photo coverage.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Noah's Ark Learning Center Payment Agreement

## REGISTRATION

- PRESCHOOL  
A \$100 non-refundable fee is due at the time of registration.  
There is a curriculum fee of \$20 due by September. (No curriculum fee for Preschool 3)  
The first tuition payment is due by September 10<sup>th</sup>.  
**Payment is due by the 10<sup>th</sup> of every month.**
- KINDERGARTEN  
A \$100 non-refundable fee is due at the time of registration.  
There is a curriculum fee of \$30 due by September.  
The first tuition payment is due by September 10<sup>th</sup>.  
**The tuition payments are due by the 10<sup>th</sup> of every month.**

## SCHOOL BILLING

- Statements will be given out during the first week of each month. Your statement will be attached to your monthly School Newsletter. You may request a statement that shows past and current payments at any time. Tax statements are available upon request.

## LATE FEE

- Tuition payments are due no later than the 10<sup>th</sup> of each month.
  - **After the 10<sup>th</sup>, a late fee of \$25 will be assessed and will continue to be assessed monthly until the bill has been paid in full.**
  - **After one month of non-payment your child may lose his/her space in our program if fees have not been paid.**
  - If you will be out of town or if there is a school holiday when tuition is due, it is your responsibility to **pay the tuition in advance.**

## LATE PICK-UP FEE

- It is IMPERATIVE that you PICK UP YOUR CHILD ON TIME. We realize there can be extenuating circumstances, but please keep in mind that our teachers have other commitments following school hours.
- Call the office if there will be a problem picking up your child.
- We recommend that you have a back-up person ON FILE that can pick up your child in an emergency.
- A charge of \$1 *per minute late* will be assessed when you are late. There is a 5 minute grace period. **The time will be assessed using the clock in your child's classroom.**

## TERMINATION OF SERVICES

- Upon your child's acceptance into our school, you are financially obligated to Noah's Ark Learning Center for the payment of tuition. If you withdraw your child from the school, you obligate yourself for full payment of tuition through the last day your child is in attendance. Two weeks written notice or verbal notification must be given before enrollment is terminated.
- We reserve the right to terminate enrollment due to disciplinary problems or failure to pay tuition.

**I have read the Noah's Ark Learning Center Handbook, and I agree to abide by the Policies listed including the Payment Agreement Contract.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

## Noah's Ark Learning Center Parent/Center Agreement

The following conditions plus all policies in the Parent Handbook are understood and agreed upon between

Noah's Ark Learning Center and \_\_\_\_\_, parent of \_\_\_\_\_.  
(parent or guardian) (child's name)

### The Center agrees that:

1. In return for the tuition fees which the parent agrees to pay, the Center will give regular care to the above named child as stipulated below, except Saturday, Sunday, and the following holidays: New Year's Eve, New Year's Day, Memorial Day, 4<sup>th</sup> of July, NALC Staff Work Week (week before School starts), Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, and the day after Christmas.
2. The Center will exercise reasonable care and judgment, in all matters relating to the welfare and safety of the child.
3. In case of an accident or illness to the child, the teacher will promptly take such reasonable measures as are, in her judgment, in the best interests of the child, and will notify the parents as soon as possible.
4. Parents are responsible for the child's accident insurance.
5. Teachers will observe children daily for possible signs of illness. They will ask that a child not attend if symptoms of contagious disease are observed. The Center will send or post a notice in the event of any exposure to a contagious disease.
6. The Center will not release the child to anyone other than the parent or guardian unless there is permission from the parent or guardian.

### The Parent agrees that:

1. The parent will pay the Center in advance the monthly tuition fee of \$\_\_\_\_\_ for regular care given the above named child from \_\_\_\_\_AM to \_\_\_\_\_PM for \_\_\_\_\_ days per week, except Sat., Sun., and holidays listed. Responsibility for payment on time is that of the parent or guardian, not the Center. *Monthly fees are a set amount and paid whether the child is present or not. If parent or guardian sees the tuition fees cannot be paid on time, it is their responsibility to make acceptable arrangement for payment with the Director. If the acceptable arrangement for payment has not been made upon the payment due date plus two weeks of grace, the contract service to the child will be immediately terminated.*
2. The parent will not violate the hours of care agreed upon (including 9 ½ hours as the maximum number of hours any child may attend as a "full day" of child care).
3. In the case of illness or accident when the parent cannot be contacted by the Center and in the judgment of the teacher, if the illness or accident requires a physician, Dr. \_\_\_\_\_ may be called or child may be taken to Kootenai Medical Center's Emergency Room at the expense of the parent.
4. In the event that a child has a contagious illness, the parent will notify the Center. The child will not be allowed to return until all danger of contagion has passed.
5. In all emergencies, the Center has permission to take such reasonable measures as are in the judgment of the teacher, necessary to the welfare and safety of the child.

6. Parents are requested to participate in scheduled conferences with the child's teacher(s) during the year. These will be announced.
7. The Center reserves the privilege of dismissing any child if after entering, episodes of challenging behavior cause the child to be unable to participate in group experiences, or if tuition fees are not paid.
8. Liability for the acts of the child while under the care of the Center is the responsibility of the parent or guardian.
9. The Center is not liable for accidents or illnesses occurring to the child while he is in its care, unless it can be proved that the accident or illness was the direct result of a worker's negligence.
10. The parent will give two weeks' notice when the child is to be withdrawn.

***By signing this agreement, the parent is stating he/she has read and agrees to the above statements.***

**Both parties**, Noah's Ark Learning Center and Parent/Guardian understand and agree:

1. This agreement is a binding contract for both operator and parent.
2. The contract may be terminated by either the parent or the Center upon notification of intention at least two (2) weeks in advance, or any time by mutual agreement of both parties.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Noah's Ark Director Signature

Child's Name:

\_\_\_\_\_

Class I've signed my child up for:

\_\_\_\_\_

Schedule: Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_

Times: \_\_\_\_\_ to \_\_\_\_\_

\*\*approximate

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(PLEASE TEAR/CUT OFF LOWER PORTION AND RETAIN FOR YOUR RECORDS)

Name: \_\_\_\_\_

Class I've signed my child up for: \_\_\_\_\_

Schedule: Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_

Times: \_\_\_\_\_ to \_\_\_\_\_

\*\*approximate

**Payment:**

Date Due: By the 10<sup>th</sup> of each month

Amount Due: \$\_\_\_\_\_

*A statement will be placed in your child's cubby during the first week of each month. It is attached to your monthly NALC Newsletter. **Please write your child's name on the memo line on your check.** We accept cash, check, and credit cards. Please place all payments in the box (located by the telephone in the Preschool 4 hallway). **There will be a \$25 late payment fee that will be assessed if payment in full is not received by the 10<sup>th</sup> of the month.***

\*\*\*Please fill out this emergency card and hand in with your registration packet. It will be placed in a box by our telephone.

Thank you!

Child's Name_____	Class_____
Birthday_____	Home #_____
Mom's Name_____	Cell #_____
Dad's Name_____	Cell #_____
Work #'s (Mom)_____	(Dad)_____
Home Address_____	
DR Name & #_____	
<u>Emergency Contacts/Persons Who May Pick Up &amp; Phone #'s:</u>	
Name/Relationship_____	#_____
Name/Relationship_____	#_____
Name/Relationship_____	#_____
Name/Relationship_____	#_____
____Allergies_____	____Custody Concerns_____