



REGISTRATION FORM FOR 2025/2026

Date Received: _____ Date Offered: _____
 Date Accepted: _____ Date Denied: _____
 Registration Paid: _____ Start Date: _____
 Drop Date: _____ Class _____

A non-refundable \$75.00 registration fee is due upon acceptance into the program to guarantee your spot. Payment can be made by check, cash or online. Please make checks payable to Christ the Savior Lutheran Church. An annual supply & equipment fee is due with first payment in August.

Please number your selection(s) in order of preference

CHOICE	CLASS	DAYS	AGE	HOURS	COST	Annual Supply & Equip. Fee
	2-3's (PS2)	Mon & Wed	2 by September 1, 2025	9:15 am – 1:15 pm	\$228	\$60.00
	2-3's (PS2)	Tue & Thu	2 by September 1, 2025	9:15 am – 1:15 pm	\$228	\$60.00
	3-4's (PS3)	Mon & Wed	3 by September 1, 2025	9:15 am – 1:15 pm	\$218	\$60.00
	3-4's (PS3)	Tue & Thu	3 by September 1, 2025	9:15 am – 1:15 pm	\$218	\$60.00
	3-4's	Friday Enrichment	3 by September 1, 2025	9:15 am – 1:15 pm	\$105	N/A
	PREK -1	Mon-Thu 4 day	4 by September 1, 2025	9:15 am – 1:15 pm	\$419	\$70.00
	PREK	Tue, Thu & Fri 3 day	4 by September 1, 2025	9:15 am – 1:15 pm	\$314	\$65.00
	PREK	Mon, Wed & Fri 3 day	4 by September 1, 2025	9:15 am – 1:15 pm	\$314	\$65.00
	Kindergarten (Kind)	Mon – Fri 5 day	5 by September 1, 2025	9:15 am – 1:15 pm	\$428	\$75.00

Child's Name: (Last) _____ (First) _____ (M.I.) _____ Preferred Name: _____

Birth Date: (mo/day/yr) _____ Male _____ Female _____ Race: _____ (For Federal reporting purposes only)

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Primary Email: _____ Teacher Request? _____

Names & ages of siblings _____ Any siblings ever attend our program? Y _____ N _____

Father's Name: _____ Cell Phone: _____ Email: _____

Place of Employment: _____ Work Address: _____

Title: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____ Email: _____

Place of Employment: _____ Work Address: _____

Title: _____ Work Phone: _____

Parents are: Married _____ Separated _____ Divorced _____ How did you hear about Noah's Ark? _____

Current Church: _____ Would you like our Pastor to call you? Y _____ N _____

Person(s) responsible for drop-off and pick-up of child in addition to parents:

Name: _____ Address: _____

Relationship: _____ Phone: Cell _____ Work _____ Home _____

Name: _____ Address: _____

Relationship: _____ Phone: Cell _____ Work _____ Home _____

Local person(s) to contact in case of an emergency (Parents are always contacted first)

Name: _____ Address: _____

Relationship: _____ Phone: Cell _____ Work _____ Home _____

Name: _____ Address: _____

Relationship: _____ Phone: Cell _____ Work _____ Home _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Food Allergies: Y ____ N ____ Foods allergic to: _____

Allergies other than food: Y ____ N ____ Allergic to: _____

Epi-Pen prescribed by Doctor? Y ____ N ____ **Epi-pen will need to be provided for Noah's Ark use if Doctor prescribed.**

Physical or mental disabilities? Y ____ N ____ Describe: _____

First Steps: Y ____ N ____ Describe: _____

Early Childhood: Y ____ N ____ Describe: _____

Fears: _____ Potty Trained? Y ____ N ____ Note: Child can still attend if not potty trained.

What helps calm your child when upset? _____

Anything else that you think would be helpful for us to know?

Parent Signature: _____ Date: _____