



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:** _____