



Noah's Kids

Community Church
3487 Route 130, Irwin, PA 15642
724-744-3413 ext. 104

REGISTRATION AND CONTRACT

Child's Name: _____

Birthdate: _____

Gender: _____

Address: _____

Home Phone: _____

Email: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

Father's Name: _____

Mother's Name: _____

Father's Work Phone: _____

Mother's Work Phone: _____

****Please be assured your child's personal issues and health issues are kept confidential. Our staff needs this information only to provide the best possible care for your child.***

Does your child live with both parents? _____ Yes _____ No

If no, please explain: _____

(If there is a child custody or court order in effect, please provide a photocopy)

Is your child adopted? ___ Yes ___ No If yes, does your child know he/she is adopted? ___ Yes ___ No

Please list names & ages of siblings: _____

What method of behavior control is used at home and for what reasons? _____

Do you have a special talent (music, painting, etc.) to share? _____ Yes _____ No

What school will your child attend? _____ Grade: _____

Session Requested: _____ Kindergarten Kare ~ Morning Session ~ 6:30am to 12:45pm

_____ Kindergarten Kare ~ Afternoon Session ~ 11:45am to 6:00pm

_____ Morning Session ~ 6:30am to 9:00am

_____ Afternoon Session ~ 4:00pm to 6:00pm

Days Requested: _____ Full-Time ~ Monday through Friday

_____ Part-Time ~ Monday Tuesday Wednesday Thursday Friday

Please circle days needed

(Over)

Special Health Consideration:

Allergies (food, insect bites, medication) _____
____ Diabetes ____ Asthma ____ Seizure Disorders ____ Autism ____ Downs Syndrome
____ ADD ____ ADHD ____ Glasses/Contacts ____ Braces ____ Hearing Problems
____ Fears or Concerns ____ Other

Please explain: _____

Does your child take daily medications? ____ Yes ____ No

If yes, please list and indicate treatment: _____

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**Payment of fees and other charges**

Fees shall be paid weekly or monthly in advance during the contract period. A registration fee of \$25.00 for the first child, \$15.00 for each additional child shall be paid at time of registration.

**Changes in enrollment**

If at any time, in the opinion of the ARK Ministries Council, we are unable to provide adequate or appropriate care for any child, the child's enrollment in Noah's Kids Program may be terminated by the ARK Ministries Council after consultation with the Director of Noah's Kids.

**Absences**

Applicable fees are due and payable for each day that the child is scheduled to attend Noah's Kids. **However, fees will be waived when a phone call is received prior to your child's absence due to illness, vacation, or schedule change. Call 724-744-3413 ext. 104 and leave a message.**

**Health Care**

Parents agree to abide by the healthcare policy of Noah's Kids Program as set forth in the Noah's Kids Handbook, provided to you at registration and/or orientation. Parents will be responsible for all emergency fees attendant to any emergency medical treatment that the staff of Noah's Kids deems necessary to consult or use in the treatment of the child.

**Termination**

Parents may terminate this contract by providing fourteen (14) days written notice of termination to Noah's Kids Program. If you have not given the appropriate notice, you will be assessed your normal fee payment for a two week time period.

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I/We hereby certify that I/We read and understand the above Contract, and all the information is true and accurate, and agree to abide by this Contract and all the rules and regulations of the Noah's Kids Program as set forth in the Noah's Kids Handbook.

Signature(s) of Parent(s) or Guardian(s)

Date

Accepted By: _____
Signature of CUMC/ARK Noah's Kids Program Representative

Date