

# 2011/2012 School Year Noah's Ark and Intermission Application You Belong Here

Today's date \_\_\_\_\_

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

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current grade level \_\_\_\_\_

Copies of your child's immunization records are required with this application

School \_\_\_\_\_ Teacher \_\_\_\_\_ Track # (T, 1-4) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_, Best contact # \_\_\_\_\_ Cell \_\_\_\_\_

Home phone \_\_\_\_\_ Email Address \_\_\_\_\_ Billing Email-Yes/No \_\_\_\_\_

Employer \_\_\_\_\_, Work Number \_\_\_\_\_ Ext. \_\_\_\_\_

Father's Name \_\_\_\_\_, Best contact # \_\_\_\_\_ Cell \_\_\_\_\_

Home phone \_\_\_\_\_ Email Address \_\_\_\_\_ Billing Email-Yes/No \_\_\_\_\_

Employer \_\_\_\_\_, Work Number \_\_\_\_\_ Ext. \_\_\_\_\_

**Best NUMBERS to call in case of emergency** 1<sup>st</sup> # \_\_\_\_\_ 2<sup>nd</sup> # \_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

**Does your child have allergies (nuts, foods, insects, trees, medications, etc.) or special needs? Are there any behavioral issues of which we need to be aware?**

\_\_\_\_\_  
\_\_\_\_\_

Primary Physician / number \_\_\_\_\_ / \_\_\_\_\_

Dentist name / number \_\_\_\_\_ / \_\_\_\_\_

Emergency contacts if parents can't be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Current church membership and location \_\_\_\_\_

In the event of an emergency, I hereby give my written consent for Noah's Ark Childcare Services, Inc. to secure immediate medical attention and treatment should I be inaccessible. I agree to be financially responsible for any costs incurred.

Attach a copy of your child's immunization record with this application. Our immunization requirements are the same as the Wake County Public School System.

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

**Application for Noah's Ark and Intermission 2011/2012 School Year**

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

I understand scripture from the Holy Bible will be taught and Christian values encouraged.

I agree and understand that Noah's Ark is providing transportation for my child to and from field trips, lunch and other activities. My child may be transported to other local cities. It is understood that Noah's Ark Childcare Services, Inc. schedules activities and lunches for my child. If your child has any medical conditions, please indicate on the application and discuss specific needs with Noah's Ark adult staff members.

I agree to allow Noah's Ark to sign the vendor's liability release agreements on my behalf to enable my child to participate in the daily activity. The activity calendar can be accessed at <http://noahsarkfun.com/campcalendars.aspx> to review field trips prior to sending children to camp.

I am aware photos of my child may be taken at Noah's Ark Childcare Services, Inc. and agree to allow my child to be photographed. These photos may be posted on Noah's Ark web site or the Noah's Ark Facebook page and may be used in presentation materials illustrating the activities at Noah's Ark.

List all persons allowed to pick your child up. Everyone, including parents must be prepared to show a picture I.D. and drivers license for us to release your child.

Name	Relation	Phone
_____		
_____		
_____		
_____		
_____		
_____		

A signature below indicates that you have read and agree with the rules and policies found in the Noah's Ark Parent Handbook. As stated in the handbook tuition is due regardless of days missed due to sickness, holidays, vacations, inclement weather etc. Tuition is due on Monday of the service week and a late fee of \$5.00 will be issued for payment received after Monday. If tuition is paid monthly, it is due by the 5<sup>th</sup> day of the month. Noah's Ark closes at 6:00 p.m. Parents will be charged a fee for late pickup as indicated in the Parent Handbook. Parents should contact Noah's Ark if their child will not be attending due to sickness or any other unforeseen events. Camp activities begin at 9 am and we cannot wait on individuals to depart for activities.

If a child needs medications parents must complete a "Permission to Administer Medication" form. The completed form must be turned in with the child's medication. Noah's Ark adult staff will not administer medications unless a written request is received.

How did you hear about Noah's Ark?

\_\_\_\_\_

Proverbs 22:6

*"Train a child in the way he should go, and when he is old he will not turn from it."*

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

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

Date: \_\_\_\_\_

## Tuition Schedule

Registration Fee is once every school year for every child who is in our program. Parents need to update any and all information on their application. This fee is non-refundable.

### Registrations and deposits

All registration fees are per school year and not refundable. They are not applied to any service.

There are two types of registration fees

1. School Year - before/after school, early release, school holiday and teacher work days
2. Camps - Track Out and Summer Camp

If your child participates only with our before or after school programs including early release days, teacher work days, school holidays the "School Year" registration fee is due. If your child only participates in track out or summer camp, the "Camps" registration fee is due. If your child participates in either summer camp or track out and before or after school, both the "School Year" and "Camps" registration fees are due. Registration fee is due when registering for the service and is a yearly fee due each calendar school year with an updated application form.

### **Registration Fee**

Camps - Summer Camp & Track Out	not applied to tuition	\$45.00 per school year
School Year – Before/After school	not applied to tuition	\$25.00 per school year

### **Deposits**

Deposits are for reserving future services and applied to the tuition amount for that service. Due when you reserve a service. If your child needs 3 weeks of track out, \$150.00 deposit is due when the reservation is made. If a child needs 5 weeks of summer camp \$250 deposit is due,

### Programs

**Before School** for the schools we serve, Noah's Ark only \$ 45.00/month

**After School** for the schools we serve, Noah's Ark and Intermission

<u>Traditional Calendar</u>	\$1,980 per year	\$198.00/month
<u>Year Round Calendar</u>	\$1,980 per year	\$165.00/month

\*\* Traditional schools pay in 10 months ( $\$1,980.00/10=\$198$  per month)

\*\* Year round schools pay in 12 months ( $\$1,980.00/12=\$165$  per month)

**Early Release** days includes an offsite activity \$25.00/event

<b><u>Track Out Camp</u></b>	Noah's Ark (Elementary School Students)	\$ 165.00/week
	Intermission (Middle School Students)	\$ 190.00/week

<b><u>Teacher Work Days</u></b>	Noah's Ark (Elementary School Students)	\$ 45.00/day
	Intermission (Middle School Students)	\$ 50.00/day

**Summer Camp 2012** *Without question – "the best summer camp around."*

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# Worksheet

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

- Step one:** Check service desired  
**Step two:** List the dates for service  
**Step three:** Calculate deposits needed and add yearly registration fee if unpaid for the school year.  
**Step four:** Turn in your deposit check and completed worksheet. We will reserve those weeks/days.

Service Requested – Please check the services you need

_____ <u>Before School</u> for Year Round and Traditional Calendar Schools	\$ 45.00/month
_____ <u>After School – Traditional Calendar</u>	\$198.00/month
_____ <u>After School – Year Round Calendar</u>	\$165.00/month
_____ <u>Holiday/Teacher Work Day</u> or School Holiday	\$45.00/day
_____ <u>Early Release Day</u>	\$ 25/day
_____ <u>Track Out Camp</u> - Tracks 1, 2, 3 and 4	\$165/week
_____ <u>Emergency Before or After School</u> MUST HAVE ONE DAY NOTICE If your child is not in afterschool and you need them picked up for after school	\$25/event

List dates for services \_\_\_\_\_

Deposits for Track Out/Summer Camp weeks      Number of weeks \_\_\_\_\_ x \$50      \_\_\_\_\_  
Camps yearly registration fee      if applicable      \$45      \_\_\_\_\_  
School Year yearly registration fee      if applicable      \$25      \_\_\_\_\_

Payment for other services checked \_\_\_\_\_

Total Registrations and Deposits needed to start service \_\_\_\_\_

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

## Online Resources

[www.noahsarkfun.com](http://www.noahsarkfun.com)

Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Database: \_\_\_\_\_

Invoiced: \_\_\_\_\_

Statement: \_\_\_\_\_

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