

**Subject: Registration**

**February 24, 2017**

Parents,

The time has arrived to begin enrolling preschoolers for the 2017-2018 school year. Children who are currently enrolled and their incoming siblings will be given priority for enrollment. Please note that children who are not 5 years old before August 31 will not be able to attend public kindergarten, so please keep this in mind when deciding where to place your child next year.

Noah's Ark Preschool tuition will be \$110 per month for a 2-day per week program and \$140 per month for a 3-day per week program. We will also offer the option of a 5-day program for the 3 and 4-year-old classes. Tuition for the 5-day program will be \$190 per month. We will offer a \$25 monthly discount for families that have more than one child attending. We continue to have small class sizes, experienced teachers, and an excellent pre-kindergarten readiness program. Even if you are not enrolling a child, you may have a friend who would like this information.

The "Toddler Time" tuition will be \$110 per month. This class meets on Tuesday & Thursday.

The registration/snack fee is \$160 and is due by Friday, March 24. After March 24, all available spaces will be filled on a first-come, first-served basis. If you are also enrolling a sibling, the registration/snack fee is \$135 for the second child. This registration fee is used to purchase the supplies and teaching aids needed for a successful year of fun and learning for your child. We will also include two paid field trips for your child in the registration fee. The \$35 snack fee is included to cover the cost of snacks for the school year.

We require that the tuition fee for your child's first and last month be paid on the **first** day of school. During the months of October through April, the tuition will be due on the first of each month.

We hope you will consider Noah's Ark Preschool when placing your child next school year. We strive to be a place for your child to learn and interact in a loving, Christian environment.

Sincerely,



Kelly Squires  
Director, Noah's Ark Preschool

NOAH'S ARK PRESCHOOL  
1701 Lucerne Way, New Bern, NC 28560  
(Located in the West New Bern Presbyterian Church)  
Telephone: (252) 638-1934

- |                                    |  |
|------------------------------------|--|
| 1. Tuition Monthly – 2 days a week | \$1 0.00                                   |
| September and May Tuition          | \$2 0.00 due on first day of school        |
| October thru April Tuition         | \$1 0.00 due on the first day of the month |
|                                    |  |
| Tuition Monthly – 3 days a week    | \$1 0.00                                   |
| September and May Tuition          | \$2 0.00 due on first day of school        |
| October thru April Tuition         | \$1 0.00 due on the first day of the month |
|                                    |  |
| Tuition Monthly – 5 days a week    | \$1 0.00                                   |
| September and May Tuition          | \$3 0.00 due on first day of school        |
| October thru April Tuition         | \$1 0.00 due on the first day of the month |
- (The 5-day program will be an option for 3 and 4-year-old classes only)

2. Payment is due on the first of each month. It becomes past due after the 10<sup>th</sup> of each month. There will be a \$5.00 late fee added if paid after the 10<sup>th</sup>. There will be a \$20.00 service charge for all returned checks. The monthly tuition is the same regardless of holidays or attendance. Tuition is based on the actual operating costs involved in providing the program. Parents must keep current with payments or it may be necessary to suspend the child.

A two weeks' written notice must be given if you are going to withdraw your child so the class can prepare for the change and another child may be enrolled. If two weeks' notice is not given, parents will be responsible for payment for the following month.

3. A registration/snack fee is payable when a child is enrolled and for each succeeding year the child attends school. The registration fee is nonrefundable unless the family moves from the New Bern area before school begins. The registration fee includes two paid field trips per child.
- |       |                                |
|-------|--------------------------------|
| _____ | \$160.00 for 1st child         |
| _____ | \$135.00 for 2nd child         |
| _____ | Total Registration Amount Paid |

Child's Name(s): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Check the class(es) your child(ren) will enter.

- Toddler Time (18 mo. To 2 ½) Tuesday & Thursday
- 2 ½ to 3-year Class (Turns 2 by February 28<sup>th</sup> of this year) (Training pants or is Potty Trained)
- 3 to 4-year Class (Turns 3 by August 31<sup>st</sup> of this year) (Potty Trained by 1<sup>st</sup> day of school)
- 2-day program (Tuesday & Thursday)
- 3-day program (Monday, Wednesday, & Friday)
- 5-day program
- 4 to 5-year Class (Turns 4 by August 31<sup>st</sup> of this year) (Potty Trained)

We agree with the terms outlined above.

Parent/Guardian Signatures: \_\_\_\_\_

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



# Noah's Ark Preschool Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
name phone

\_\_\_\_\_  
name phone

Transportation to and from school:

Allergies: \_\_\_\_\_

Other medical information: \_\_\_\_\_  
\_\_\_\_\_

Additional information:

Noah's Ark Preschool  
1701 Lucerne Way  
New Bern, NC 28560  
(252) 638-1934

STUDENT MEDICAL FORM

Complete or provide a copy of your child's immunization record. Return by September 30<sup>th</sup>.

Name: \_\_\_\_\_ Sex: Male / Female D.O.B. \_\_\_\_\_

PRESCHOOL-AGE IMMUNIZATIONS

4 DTAP				
(Diphtheria, Tetanus, Pertussis/Whooping Cough)				
3 to 4 HIB				
(Haemophilus Influenza B)				
3 IPV				
(Polio)				
1 HBV				
(Hepatitis B)				
1 MMR				
(Measles, Mumps, Rubella)				
1 Varicella				
(Chicken Pox)				

Preschool Age Immunizations Completed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Allergies:  
\_\_\_\_\_

Drug Sensitivities:  
\_\_\_\_\_

General Health:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_