



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	Monthly Tuition	Annual Supply & Equip. Fee
	2-3's (PS2)	Mon & Wed	2 by September 1, 2025	9:15 am – 1:15 pm	\$233	\$60.00
	2-3's (PS2)	Tue & Thu	2 by September 1, 2025	9:15 am – 1:15 pm	\$233	\$60.00
	3-4's (PS3)	Mon & Wed	3 by September 1, 2025	9:15 am – 1:15 pm	\$225	\$60.00
	3-4's (PS3)	Tue & Thu	3 by September 1, 2025	9:15 am – 1:15 pm	\$225	\$60.00
	3-4's	Friday Enrichment	3 by September 1, 2025	9:15 am – 1:15 pm	\$110	N/A
	PREK -1	Mon-Thu 4 day	4 by September 1, 2025	9:15 am – 1:15 pm	\$427	\$70.00
	PREK	Tue, Thu & Fri 3 day	4 by September 1, 2025	9:15 am – 1:15 pm	\$323	\$65.00
	PREK	Mon, Wed & Fri 3 day	4 by September 1, 2025	9:15 am – 1:15 pm	\$323	\$65.00
	Kindergarten (Kind)	Mon – Fri 5 day	5 by September 1, 2025	9:10 am – 1:10 pm	\$437	\$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 ☐

**Parent's Name:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Address: \_\_\_\_\_

Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent'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:** \_\_\_\_\_