



# Application Form

Noah's Ark Preschool | 6455 E Ave. NW | Cedar Rapids, Iowa 52405  
Ph. 319-396-3125 | office@noahsarkcr.org | Fax 319-390-4728

**Mission:** To educate and socialize preschoolers with the love of Christ.

**Vision:** To be the preschool of choice in the Cedar Rapids area.

**Purpose:** Our purpose is to help your child develop physically, emotionally, socially, spiritually, and cognitively. Our preschool aims to build a solid foundation for Kindergarten and Alternative Kindergarten.

## Identification:

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (MI)

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Nickname you want school to use: \_\_\_\_\_

Was your child born premature? \_\_\_\_\_ How early? \_\_\_\_\_

## Parent(s) or Guardian(s):

<u>Name</u>	<u>Address</u>	<u>Employment</u>	<u>Phone</u>	<u>Email</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Family History:

Any recent changes in your family structure of which we should be aware?  
(ie. separation, divorce, death, etc.)

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

Other children in the home: (names and ages)

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

## Physical Regime:

Does your child have any unusual eating problems or dislikes? If so explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

	<u>Urination</u>	<u>Bowel Movement</u>
How does he/she state need?	_____	_____

How dependable is he/she?	_____	_____
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**Play and Social Skills:**

How does he/she get along with other children? \_\_\_\_\_

Who are his/her playmates? Girls\_\_\_\_ Boys\_\_\_\_ Younger\_\_\_\_ Older\_\_\_\_ None\_\_\_\_

Previous Group Experiences Preschool: \_\_\_\_\_

(List name) Play Group: \_\_\_\_\_

Sunday School: \_\_\_\_\_

**Personality and Emotional Development:**

Do you regard your child as affectionate? \_\_\_\_\_ To Whom? \_\_\_\_\_

Does he/she accept new people easily? \_\_\_\_\_

What are the child's fears? \_\_\_\_\_

Is he/she usually happy? \_\_\_\_\_

What nervous habits does he/she have? \_\_\_\_\_

When does he/she usually show them? \_\_\_\_\_

**Discipline:**

When do you find it necessary to discipline your child, and which parent usually does this and how? \_\_\_\_\_

**Give any further information** that you believe will be helpful to us in understanding your child.

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

**I hereby give permission for my child,** \_\_\_\_\_, to go on any field trips sponsored by his/her preschool class by car or other transportation as arranged by Noah's Ark Preschool.

\_\_\_\_\_  
(Signature of Parent/Guardian) Date\_\_\_\_\_ School Year\_\_\_\_\_

How did you find out about us? (Please circle)

Website | Family | Friend | Daycare | Neighbor | Advertisement | Other

(if other) \_\_\_\_\_

**Yes, I want to enroll my child** at Noah's Ark Preschool! Circle your choice please:

**Three Year Old Program**

- M/W/F 9am-11:30am
- T/TH 9am-11:30am

**Four Year Old Program**

- M/W/F 9am-11:30am

**5-Day Advanced Program**

- M-F 9am-11:30am

Check Number: \_\_\_\_\_ Amount: \$50 Date: \_\_\_\_\_