



2020-2021 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 that we should be aware of?
(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? _____

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

How dependable is he/she? _____ _____

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.

_____ Date _____ School Year _____
(Signature of Parent/Guardian)

How did you find out about us? (Please circle) Website, Family, Friend, Daycare, Neighbor, Advertisement, or 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 Programs

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

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