



# 2024-2025 Application Form

Noah's Ark Preschool | 6455 E Ave. NW | Cedar Rapids, Iowa 52405  
Ph. 319-396-3125 | [office@noahsarkcr.org](mailto: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>Employment</u>	<u>Email</u>
_____	_____	_____
_____	_____	_____

## Family History:

Other children in the home: (names and ages)  
\_\_\_\_\_  
\_\_\_\_\_

Any recent changes in your family structure that we should be aware of?  
(Separation, divorce, death, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

## Physical Regime:

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?	_____	_____

**Play and Social Skills:**

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

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

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 typically happy? \_\_\_\_\_

Any nervous habits? \_\_\_\_\_

**Discipline:**

When do you find it necessary to discipline your child? Why type of discipline do you use?

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

**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 2024-2025  
(Signature of Parent/Guardian)

How did you find out about us? Website Family Friend Daycare Other \_\_\_\_\_

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

**Three Year Old Program**

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

**Lunch Bunch**

11:30 – 1 pm (Limited to 10 students a day)

**Four Year Old Program**

- M/W/F 9am - 11:30 am
- M-Th 9am – 11:30 am
- M-F 9am – 11:30 am
- T/Th 9 – 1 pm

**Registration Fee is \$50,  
payable on-line, check or cash.**

[www.noahsarkcr.org](http://www.noahsarkcr.org)