

DATE:

# REGISTRATION FORM 2017- 2018

FIRST PRESBYTERIAN CHURCH / NOAH'S ARK PRESCHOOL  
405 N M 37 Hwy Hastings, MI 49058  
(269) 945-5463 Ext. #3008. Email at [noahsark@firstchurchhastings.org](mailto:noahsark@firstchurchhastings.org)  
[www.noahsarkschool.org](http://www.noahsarkschool.org)

Child's Name: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Girl: \_\_\_\_ Boy: \_\_\_\_\_

Parent/Guardian Information

Names of Parents/ \_\_\_\_\_

Guardians: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\*\*\*\*\*Please indicate your first and second choice.

<u>Sessions</u>	<u>Times</u>
_____ M/T/W/TH Young 5's	_____ M/T/W 8:30-1:00/TH 8:30-11:30
_____ M/T/Th am 4's	_____ 8:15 – 11:15
_____ M/T/TH pm 4's	_____ 11:45 – 2:45
_____ W/F am 4's	_____ 8:30 – 11:15
_____ T/TH am 3's	_____ 8:45 – 11:15
_____ T/TH pm 3's	_____ 12:00 – 2:30
_____ M/W am 3-4's	_____ 8:45 -11:15

These days and times are currently tentative and are subject to change due to enrollment needs.

PLEASE RETURN THIS FORM AND INCLUDE YOUR (NON-REFUNDABLE) REGISTRATION FEE:

Church Family-\$40.00

.....For Office use only.....

Date form received \_\_\_\_\_

Processed by \_\_\_\_\_

Registration Fee \_\_\_\_\_

Amount Paid \_\_\_\_\_

Method of Payment:

- Cash
- Check # \_\_\_\_\_ Last name on check \_\_\_\_\_