

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
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:
Returning NAP Family-\$45.00

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

Date form received _____

Processed by _____

Registration Fee _____

Amount Paid _____

Method of Payment:

- Cash
- Check # _____ Last name on check _____