



Application Form

Noah's Ark Preschool | 6455 E Ave. NW | Cedar Rapids, Iowa 52405
 Ph. 319-396-3125 | noahsark@chccrca.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):

Name	Address	Employment	Phone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? _____

	Urination	Bowel Movement
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.

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

How did you find out about us? Website, Family, Friend, Daycare, Neighbor, Advertisement
(please circle) Other _____

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

Three-Year-Old classes

M/W/F AM 9-11:30

T/TH AM 9-11:30

Four-Year-Old classes

M/W/F AM 9-11:30

M/T/W/TH/F AM 9-11:30-**NEW!!**

Check Number: _____ Amount: _____ Date: _____