

# NOAH'S ARK PRESCHOOL

1154 Great Plain Avenue Needham, MA 02492 781/449-2439 office@noahsarkneedham.org

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## Enrollment Form 2018 - 2019

**For Office Use Only:**

**Date Enrolled:** \_\_\_\_\_

### Child Information

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Siblings and Dates of Birth: \_\_\_\_\_

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

### Parent Information

**Mother's Name:** \_\_\_\_\_ Home Tel: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_ Work Tel: \_\_\_\_\_

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

**Father's Name:** \_\_\_\_\_ Home Tel: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_ Work Tel: \_\_\_\_\_

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

Family email address or addresses (for school correspondence) \_\_\_\_\_

### In case of emergency and parents cannot be contacted, notify:

**Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Child's Physician/ Clinic

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

### Identifying Information: (required by the EEC)

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Identifying Marks \_\_\_\_\_

## Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, \_\_\_\_\_.

However, if I cannot be reached, I hereby authorize the Noah's Ark Preschool to transport my child to the \_\_\_\_\_ hospital or the nearest hospital and to secure for my child the necessary medical treatment. I understand that the teachers in the preschool are trained in the basics of first aid and CPR and I authorize them to give first aid or CPR when appropriate.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Health Insurance Information

Health Insurance Company: \_\_\_\_\_

Health Ins. Co.'s State and/or Phone Number: \_\_\_\_\_

Subscriber's Name and Relationship: \_\_\_\_\_

Policy number : \_\_\_\_\_

### Medical History Records

I authorize the following people, outside of the Noah's Ark staff, to have access to my child's Medical history Form and/or health records kept at Noah's Ark Preschool in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I do not wish to authorize anyone else.

### Authorized Pick Up List

I hereby authorize the Noah's Ark Preschool to release my child to the following persons:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Small and Large Group Transportation Plan and Authorization**  
(Required by the MA Department of Early Education and Care)

Check all that apply

My child will arrive at the program

:

My child will depart from the program:

- Parent Drop Off
- Supervised Walk
- Private Trans. Arranged by Parent
- Other

- Parent Pick Up
- Supervised Walk
- Private Trans. Arranged by Parent
- Other

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photograph Permission**

I give Noah's Ark Preschool permission for my child \_\_\_\_\_ ton have his/her photograph taken and used in the following ways; for in school purposes, for marketing purposes on flyers or brochures, to be displayed in local newspapers, to be displayed on the Noah's Ark website, displayed on the Noah's Ark Facebook page (no faces will be shown here), and to be displayed on the Noah's Ark **closed** Facebook page for my child's class (only NAP families have access to these closed pages). If you do not wish for your child's photo to appear in any one of these places, please indicate which is not acceptable to you. \_\_\_\_\_.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**General Permission for Nearby Field Trips**

I give permission for my child \_\_\_\_\_ to participate in nearby field trips supervised by the staff at the Noah's Ark preschool. These trips may include but are not limited to: the local post office, the Needham library, the local supermarket, etc. I understand that my child may walk or that local school buses or other forms of transportation may be used to transport my child. I understand that Noah's Ark Preschool staff will notify me in writing, and in advance, of all field trips.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**General Permission for Observation**

I give permission for my child \_\_\_\_\_ to be observed by someone other than NAP staff or the parents of other children in the program. In these instances, there will be no interaction between my child and the observer and no identification of my child. I understand that individual, informed consent would be obtained if NAP wished to have an observation of my child for which identification and interaction were necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Noah's Ark Preschool Policies and Procedures**

I have read the Noah's Ark Preschool Parent Handbook, and I agree to the policies and conditions as outlined therein.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_