



Noah's Little Ark Christian Preschool

A Ministry of Palmyra First UMC, 520 E. Birch St., Palmyra, PA 17078 www.pfumc.us



Registration Form

Child's Full Name _____ Nickname: _____

Address _____

Date of birth _____ Age _____ Religion _____

Year child will enter kindergarten _____ School _____

Allergies _____

Other medical notes _____

If your child has an allergy or medical need, please include a detailed doctor's note and/or allergy plan. Thanks!

Toilet habits _____

Sibling names/ages _____

Parent/Guardian 1: Relationship to child _____

Name _____ Phone _____

Address _____

Email _____

Place of employment _____ Occupation _____

Business phone _____ Other contact info _____

Parent/Guardian 2: Relationship to child _____

Name _____ Phone _____

Address _____

Email _____

Place of employment _____ Occupation _____

Business phone _____ Other contact info _____

Emergency Contacts:

In the event of emergency, we will first attempt to contact parent(s)/guardian(s) and will then proceed to this list of contacts. By listing someone here, you agree that they will assume responsibility for your child and can typically be at school within 30 minutes.

Emergency Contact 1

Name _____ Phone _____

Relationship _____

Emergency Contact 1

Name _____ Phone _____

Relationship _____

Please list the names of any other people (babysitters, grandparents, carpool, etc) who are authorized to pick up your child during the school year. Our staff will verify these people upon arrival, so please alert them that ID may be required. Emergency contacts are automatically included in this list.

Permissions

Please initial to indicate your approval for each item, and sign at the bottom.

[] I give permission for my child to take nature walks around Palmyra First UMC campus.

[] I give permission for my child's photo to be used for school projects, on the school website, social media, newsletter, etc

[] I give permission for the Noah's Little Ark and Palmyra First UMC staff to exercise judgment in assisting my child in case of illness or injury and arranging medical treatment and transportation for my child, if necessary. I understand that every effort will be made to reach our family if an emergency occurs. (Note special considerations below.)

Signature _____ Date _____