

# The ARK Christian Preschool 2025-2026 REGISTRATION



The ARK Christian Preschool, PO BOX 282, North Webster, IN 46555, 574-834-2871

\_\_\_\_ 3s/4s Class (am only, Thurs-Fri) (\$90.00/mo)      \_\_\_\_ 4/5-Year-Old Class (am only, Mon-Wed) (\$110.00/mo)

\_\_\_\_ 4/5-Year-Old 5 Day a Week (pm only, Mon-Fri) (\$130/mo)

**Child's Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

What name should we use in the classroom? \_\_\_\_\_ **Shirt Size**    YS    YM    YL    YXL

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Father** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Father's Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Name of person(s) who has legal custody of child** \_\_\_\_\_

**Siblings:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Birth date** \_\_\_\_\_

In case of an emergency and parents cannot be reached **List two** additional contacts:

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Home/Work/Cell** \_\_\_\_\_ **Home/Work/Cell** \_\_\_\_\_

Pick-up: I understand my child will be released only to persons whose names I have listed other than myself. I will advise The ARK Christian Preschool in advance if a person not listed on this form is to pick up my child. **The teacher will ask for proof of identification from any person picking up my child without a car tag.**

**Name** \_\_\_\_\_ **relationship** \_\_\_\_\_ **phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **relationship** \_\_\_\_\_ **phone** \_\_\_\_\_

Registration fee of \$60.00 due at time of application and is **non-refundable**. **Activity/supply fee of \$45.00 is due at orientation**. All checks payable to North Webster United Methodist Church (NWUMC).

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Any change in information needs to be reported to your child's teacher and the Church Office.*

## For Office Use Only

Registration Pd. \_\_\_\_\_ Activity Fee Pd. \_\_\_\_\_ Birth Cert. \_\_\_\_\_ Shot Record \_\_\_\_\_

Full Tuition Paid \_\_\_\_\_ Scholarship Applied For \_\_\_\_\_ Amount \_\_\_\_\_

Registration Letter Sent \_\_\_\_\_

Orientation Letter Sent \_\_\_\_\_

Payment Book Given \_\_\_\_\_

# Medical Information

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

List any allergies \_\_\_\_\_

List routine medications \_\_\_\_\_

List any other information or health conditions that we need to be aware of:

---

---

---

Please include a copy of your child's immunizations records, or a note from your doctor stating that your child's immunizations are up to date.

I understand that I will be notified if my child becomes ill, and it may be necessary to make arrangements to pick up my child within ½ hour. If my child is exposed to a contagious disease, I agree to notify the Ark Preschool immediately.

I agree and give consent that in the case of an accident, injury, or illness of a serious nature, for my child to receive emergency medical care. I understand that I will be contacted as soon as possible should an emergency occur.

Parent's or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

## Picture Release:

I give permission for my child's picture to be taken at the Ark Preschool or on field trips. I understand that some of these pictures may be used in advertising or in the promotion of the preschool.

Parent's or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

## Tuition Payment Agreement

I/We have received a copy, read, and agree with the tuition payment agreement of The Ark Christian Preschool

Parent's or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

# THE ARK CHRISTIAN PRESCHOOL

## TUITION PAYMENT AGREEMENT

1. The \$60 registration fee is non-refundable.
2. The activity fee of \$45 (which helps off-set the cost of school supplies, special activities, and field trips during the year) will be paid along with the first month's tuition at orientation. **Tuition is due by the 15<sup>th</sup> of each month.** If Tuition is not paid within a week of the due date, the student will not be able to attend class until payment has been made.
3. There are no refunds for holiday, absence, vacations, or snow days.
4. The school should be notified one month in advance of withdrawal, should it be necessary. Without notification, you are obligated to pay the following month's tuition.
5. If your child's tuition account is not in good standing by May 15<sup>th</sup>, they will not be able to attend graduation (PreK Class) or be enrolled for the next school year (3s/4s Class).
6. Tuition statements will be available upon request at any time.
7. Make all checks payable to **North Webster United Methodist Church. Or (NWUMC)**
8. Returned checks will result in a \$10 charge for reprocessing. After two returned checks, cash or money order must pay all remaining tuition.
9. **Upon failure to comply with the financial agreement, parents will receive a call from the Director stating that all outstanding balances must be paid for the student(s) to continue in the preschool. The Ark Christian Preschool reserves the right to withdraw admission based on account delinquencies.**

The preschool program offered at North Webster United Methodist Church is self funded and operates on a strict budget. **For the school to maintain stability, it is important that each family make tuition payments on a timely basis.**