



Noah's Ark Children's Center  
Salem United Methodist Church  
7901 Bradshaw Road, PO Box 192  
Upper Falls, MD 21156  
410-592-2543

SCHOOL YEAR 2017 to 2018  
3's PROGRAM APPLICATION FOR ENROLLMENT

Child's Full Name \_\_\_\_\_

Preferred Name to be Called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
(NOTE: Your child must be the class age by September 1<sup>st</sup>.)

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about Noah's Ark? \_\_\_\_\_

Are you a member of Salem United Methodist Church? \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

\_\_\_\_\_ Tuesday, Thursday class for three-year-olds (9:00–11:30) (\$1450 + \$150 fee)

\_\_\_\_\_ My child has a special health care need and/or a disability that requires additional support. I understand that it is best to provide medical documentation as well as a copy of my child's IFSP/IEP in order for staff to address modifications or accommodations.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*Enrollment is effective upon the receipt of this form and the \$150 application fee.  
Priority is based on date received. \*\*\*\*\***

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DATE RECEIVED: \_\_\_\_\_ CHECK # \_\_\_\_\_