



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
4'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 1st.)

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:

_____ Monday/Wednesday/Friday class for four-year-olds (9:00–11:30 9-2:30 Jan-Sept)
(\$2500 + \$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. *******

DATE RECEIVED: _____ CHECK # _____