



Noah's Ark Children's Center

Salem United Methodist Church
7901 Bradshaw Rd, PO Box 192
Upper Falls, MD 21156
(410) 592-2141

2019-2020 School Year Enrollment Application

- 3-year-old class (Tuesday/Thursday, 9-11:30am - \$1575 + \$150 application fee)
- 4-year-old class (Monday/Wednesday/Friday, 9-11:30am September-December, 9am-2pm January -May, \$2725 + \$150 application fee)

Student Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Preferred Name: _____

Gender: M F

Custodial information: parents married/joint residence joint custody mom has custody dad has custody other
 If other, please explain: _____

Parent Information

Mother's Name: _____ Home Phone: _____
 Address (if different): _____ Cell Phone: _____
 Email: _____

Check all that apply single married divorced lives with student custodial parent can pick up

Father's Name: _____ Home Phone: _____
 Address (if different): _____ Cell Phone: _____
 Email: _____

Check all that apply single married divorced lives with student custodial parent can pick up

Educational Services

My child has a special health care need and/or disability that requires additional support Yes No

****Please provide medical documentation as well as a copy of any IFSP/IEP for staff to address modifications and/or accommodations.**

Signature

I understand my signature and deposit of the \$150 non-refundable application fee enrolls my child in Noah's Ark Children's Center. Priority is based on the date application is received.

Signature: _____ Date: _____

For School Use: Received \$ _____ Date _____ Cash _____ Check _____