

Office Use: 2 Day T/Th 2 Day W/F 3 Day 4 Day Admission Date \_\_\_\_\_ Check Number \_\_\_\_\_  
First Day \_\_\_\_\_ Last Day \_\_\_\_\_

**Noah's Ark Preschool**  
**Park Hills Baptist Church**  
**900 South Mopac Austin, TX 78746**  
**Director, Heather Johnson**  
**(512) 327-0295**  
**Registration for Admission**

Date \_\_\_\_\_

**CHILD:**

Full Name \_\_\_\_\_ Name Called \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on Sept. 1 this yr. \_\_\_\_\_ yrs. \_\_\_\_\_ months Male \_\_\_\_\_ Female \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Address \_\_\_\_\_  
(If different from mailing address)

**PARENT INFORMATION:**

Mother's Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_

E-Mail \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_

E-Mail \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

Adults (in addition to parents) authorized to pick up my child from Noah's Ark are:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**MEDICAL/EMERGENCY INFORMATION:**

Local emergency contact, if parents/guardians cannot be reached: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Does your child have any special needs we need to be aware of such as existing illness, previous serious illness or injuries, disabilities, hospitalizations during the past 12 months, any medication prescribed for long-term continuous use?

Allergies? \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

Signature - Parent or Legal Guardian

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the facility director or person in charge to transport my child to:

Name of Physician:

Address:

Phone:

Preferred Hospital:

My child has been examined by a health care professional within the past 12 months and is able to participate in the Noah's Ark preschool program. I will obtain a health care professional's signed statement and will submit it to the preschool office. Permission is granted to secure any and all necessary medical care for my child in case of emergency.

Date

Parent's Signature

**ABOUT MY CHILD**

**SIBLING(S):** Names and Date of births

**REST REQUIREMENTS:** (Favorite toy, blanket, etc.)

**THINGS WE SHOULD KNOW ABOUT YOUR CHILD:**

**INITIAL ALL THAT APPLY:**

My child may be photographed for use in classroom projects and school slide shows.  Yes, I give permission

My child may participate in the following water activities under designated responsible staff supervision:

Permission for splashing/wading pools  Permission for sprinkler play  Permission for water table play

I agree to read and follow all of the policies outlined in the Noah's Ark Parent Handbook.

I understand that I must provide a copy of vision and hearing test results for children 4 years of age and older.

I understand that my child may not attend Noah's Ark until I provide current immunization records.

**CHURCH MEMBERSHIP INFORMATION:**

Park Hills Baptist Church Member?  Yes  No

Name of your church/denomination \_\_\_\_\_