



## Noah's Ark Preschool and Rainbow Tots

(Located inside Hempfield United Methodist Church)

3050 Marietta Avenue, Lancaster, PA 17601

NoahsArkHempfield.com 717-285-7110 (ext. 227 if prompted)

Dear Parents,

Thank you for your interest in Noah's Ark Preschool and Rainbow Tots. We look forward to the opportunity of knowing you and your child. Our enthusiastic and experienced staff strives to provide an innovative environment, informed by a Christian world view which celebrates each child as God's unique creation and encourages the imagination and exploration of his beautiful world.

The Rainbow Tots Program, designed for 2s and young 3s, provides an exciting, hands-on experience in which children are introduced to a fun educational environment. Class size is kept to a maximum of 12-16 children with each class having a lead teacher and one or two assistant teachers. Children do not need to be fully potty-trained for this program. Drop-off is done inside at the classroom door, and for pick-up parents walk up to the exterior door of the school.

**Rainbow Tots offers 3 classes for the 2012-2013 year, each from 9-11:25 a.m.**

One Day Per Week	Monday	2 Year Olds
Two Days Per Week	Tuesday/Thursday	2 ½ Year Olds
Two Days Per Week	Wednesday/ Friday	3 Year Olds

The Preschool Program is designed for 3 to 5 year olds to begin preparing them for Kindergarten. Along with learning activities, children enjoy social activities, field trips, special themes and occasions. Class size is kept to a maximum of 16 children with each class having a lead teacher and assistant teacher. Children should be potty-trained for these programs. Drive-up Drop-off/Pick-up can be done at the exterior door.

**Noah's Ark Preschool offers the following classes for the 2012-2013 year, each from 9-11:30 a.m. except for the PM class which is from 12:30-3 p.m.**

Two Days Per Week	Tues/Thursday AM	3 Year Olds
Three Days Per Week	Mon/Wed/Friday AM	3 Year Olds
Two Days Per Week	Tues/Thursday AM	4 Year Olds
Three Days Per Week	Mon/Wed/Friday AM	4 Year Olds
Three Days Per Week	Mon/Wed/Friday PM	4 Year Olds
Five Days Per Week	Mon-Friday AM	5 Year Olds

**Lunch Bunch is an optional program which offers an extension of the preschool day. Children bring their lunch to school and enjoy story time, eating, playing, and participating in activities and games together. Drive-up Drop-off/Pick-up can be done at the exterior door.**

Any student who is at least 3 years old and potty trained may participate. Lunch Bunch runs from 11:30 a.m.-1 p.m. Students in the afternoon class can be dropped off at 11:30 a.m. and will be taken to their class at 12:30 p.m. Any number of days per week may be chosen.

- To confirm your registration, please complete and return the following:
  1. Application for Enrollment (Make sure child's age is appropriate for class chosen)
  2. Emergency/Transportation Cards A & B
  3. Personal Information Sheet
  4. Health History of Child
  5. Permission Form
  6. Lunch Bunch Enrollment Form (Optional for children age 3 to Pre-K)
  7. Registration Fee of \$55 (Non-Refundable) (\$30 for any additional siblings)  
Payable to Hempfield UMC

***Please note, due to limited space and to be fair to everyone, you must have all the above items completed including the registration fee to register your child/children.***

Open registration for the 2012-2013 school year will begin Friday, January 27, 2012. Applications will be processed in the order received. If you register by mail, a letter will be sent to you confirming the enrollment of your child once your application has been processed. Please contact the preschool office at (717) 285-7110 if you have any questions. If you are unable to reach someone at the office, you may leave a message and your call will be returned as soon as possible. Thank you!

• **Have a child too young for our preschool programs?**

Noah's Two by Two is available for children 10-30 months old to attend with their parent or another buddy. This class offers a fun, safe, educational environment with lots of age appropriate songs, finger plays, toys, and a snack. You will get to meet and interact with other children and their buddies, too! Program is 9-10:30 a.m. on Tuesdays. To hold a spot for you and your child, complete the separate registration form and return it to the preschool with a check for \$25, which will be applied to your tuition fee. The 15 – class session runs from November – March and the cost is \$75.

• **We have a Summer Camp, too!**

Noah's Camp Smile-A-Lot offers fun summer activities for children 3-6 years old. Children who are 2 may attend if they were previously enrolled in our Rainbow Tots Program. This camp is geared for children who have not attended Kindergarten yet. There are six three-day weeks to choose from. Cost of each week is \$45. Camp runs Tues./Wed/Thurs. from 9-11:30 a.m. Each week is different, so come for one or all six! Information will be available in March or April.

Camp dates are:

June 12 – 14    June 19 – 21    June 26 – 28  
 July 10 – 12    July 17 – 19    July 24 – 26

Register by May 17th!



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## Preschool Enrollment Application 2012-13

(See other side for Rainbow Tots Enrollment Application)

All a.m. classes are 9-11:30 a.m. & p.m. classes are 12:30-3 p.m.

### 3-Year-Olds

(Child must be 3 by Sept. 1, 2012)

\_\_\_ Tues/Thursday a.m.  
\_\_\_ Mon/Wed/Friday am.

### Pre-Kindergarten 4

(Child must be 4 by Sept. 1, 2012)

\_\_\_ Tues/Thurs a.m.  
\_\_\_ Mon/Wed/Friday a.m.  
\_\_\_ Mon/Wed/Friday p.m.

### Pre-Kindergarten 5

(Child must be 5 by Feb. 1, 2013)

\_\_\_ Mon – Friday a.m.

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

Name your child prefers to be called \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

Home Telephone \_\_\_\_\_

Parent's E-Mail Address \_\_\_\_\_

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

Cellular Telephone \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

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

Cellular Telephone \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Name & Ages of Siblings

\_\_\_\_\_

Do you attend a church? \_\_\_\_\_ If so, where? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_ You are new to  
the school this  
year (2012-2013)

\_\_\_ You currently have a  
child enrolled in a  
program at our school

\_\_\_ You previously had a  
child enrolled in a  
program at our school

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_  
Registration Fee: # \_\_\_\_\_ \$ \_\_\_\_\_  
Emergency/Transportation Card A & B: \_\_\_\_\_  
Personal Information Sheet: \_\_\_\_\_

Health History: \_\_\_\_\_  
Permission Form: \_\_\_\_\_  
Lunch Bunch: \_\_\_\_\_  
Initials \_\_\_\_\_



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## Rainbow Tot Enrollment Application 2012-13

(See other side for Preschool Enrollment Application)

All Rainbow Tot classes are 9-11:25 a.m.

### 2-Year-Olds

(Child must be 2 by Sept. 1, 2012)

\_\_\_ Monday

### 2 ½-Year-Olds

(Child must be 2 ½ by Sept. 1, 2012)

\_\_\_ Tuesday/Thursday

### 3-Year-Olds

(Child must be 3 by Dec. 31, 2012)

\_\_\_ Wednesday/Friday

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

Name your child prefers to be called \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

Home Telephone \_\_\_\_\_

Parent's E-Mail Address \_\_\_\_\_

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

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

Cellular Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Name & Ages of Siblings

\_\_\_\_\_

Do you attend a church? \_\_\_\_\_ If so, where? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_ You are new to the school this year (2012-2013)

\_\_\_ You currently have a child enrolled in a program at our school

\_\_\_ You previously had a child enrolled in a program at our school

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Registration Fee: # \_\_\_\_\_ \$ \_\_\_\_\_

Emergency/Transportation Card A & B: \_\_\_\_\_

Personal Information Sheet: \_\_\_\_\_

Health History: \_\_\_\_\_

Permission Form: \_\_\_\_\_

Lunch Bunch: (3-year-olds only) \_\_\_\_\_

Initials \_\_\_\_\_



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### Personal Information Sheet

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

Birth Date: \_\_\_\_\_

Year your child will register for kindergarten: \_\_\_\_\_

Where will your child attend kindergarten? \_\_\_\_\_

Please indicate with whom your child lives: \_\_\_\_\_

Left or Right Handed: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Do you have any special talents you could share with your child's class or our school? \_\_\_\_\_

\_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Do you have any special talents you could share with your child's class or our school? \_\_\_\_\_

\_\_\_\_\_

We are sometimes in need of volunteer substitutes in the classroom. If you or a family member are interested, please list name(s) \_\_\_\_\_

You will need to:

-complete an application

-have a criminal and child abuse clearance completed (church pays this fee and these are good for 3 years.)

-attend a brief Safe Sanctuary training session at the church

Names and Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

Please give us as much information as possible about your child (their likes, dislikes, needs, past experiences, etc.) that can help his/her teacher learn more about them, to promote the best learning environment for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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# Permission Form 2012-2013

Please read the following, and check **Yes** or **No** for each item. Then please sign and date on the lines below. If you have any questions, feel free to call the preschool office at (717) 285-7110. Enter extension 227 if prompted. Thank you!

- I grant permission for my child's teacher to give out my child's name, address and phone number to other families with children in the same Class. (If information is not to be shared, only your child's first name will be shown)

Yes \_\_\_ No \_\_\_

Other Options (circle): Only name and phone number

Only name and address

- I grant permission for my child's picture to be taken and used for (please check all that apply)

\_\_\_ End of year parent video

\_\_\_ Website

\_\_\_ Newsletter

\_\_\_ Brochure

- I grant permission for my e-mail address to be used for *(please check all that apply)*

\_\_\_ Classroom E-Mails

\_\_\_ Preschool E-Mails

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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# Health History

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please indicate if your child has had the following illnesses:

Chicken Pox \_\_\_\_\_

Hepatitis \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Allergies (Be Specific): \_\_\_\_\_  
\_\_\_\_\_

Physical Handicaps: \_\_\_\_\_  
\_\_\_\_\_

Serious Accidents: \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Medications:\* \_\_\_\_\_

Are your child's immunizations up-to-date? \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If the above answer is "no", is this due to significant religious or moral beliefs? \_\_\_\_\_  
\_\_\_\_\_

Has your child received the Chicken Pox Vaccination? \_\_\_\_\_

Name and Address of Doctor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

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

\* Any time medication (prescribed and/or over the counter) needs to be administered to your child during preschool hours, a **Medication Consent Form** needs to be completed and signed by the parents and your child's doctor. Emergency medication (such as an epi-pen) should be kept at the school in your child's classroom. Medication Consent Forms are available at the preschool office.

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**Emergency/Transportation Card A – Teacher**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**Authorized Emergency Contacts**

In the event we need to reach someone to pick up and/or assume temporary care of your child, please list up to five individuals, including parents, in the order you would like us to contact them:

- |    | <u>Name</u> | <u>Relationship</u> | <u>Phone #</u> |
|----|-------------|---------------------|----------------|
| 1. | _____       | _____               | _____          |
| 2. | _____       | _____               | _____          |
| 3. | _____       | _____               | _____          |
| 4. | _____       | _____               | _____          |
| 5. | _____       | _____               | _____          |
- (Please turn over)

Noah's Ark Preschool & Rainbow Tots  
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**Emergency/Transportation Card B – Office**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**Authorized Emergency Contacts**

In the event we need to reach someone to pick up and/or assume temporary care of your child, please list up to five individuals, including parents, in the order you would like us to contact them:

- |    | <u>Name</u> | <u>Relationship</u> | <u>Phone #</u> |
|----|-------------|---------------------|----------------|
| 1. | _____       | _____               | _____          |
| 2. | _____       | _____               | _____          |
| 3. | _____       | _____               | _____          |
| 4. | _____       | _____               | _____          |
| 5. | _____       | _____               | _____          |
- (Please turn over)

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Remarks \_\_\_\_\_

*In the event of accident or serious illness, I request Noah's Ark Preschool and Rainbow Tots to contact me. I hereby authorize the school to call the physician indicated, emergency contacts and/or make whatever arrangements seem necessary.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Remarks \_\_\_\_\_

*In the event of accident or serious illness, I request Noah's Ark Preschool and Rainbow Tots to contact me. I hereby authorize the school to call the physician indicated, emergency contacts and/or make whatever arrangements seem necessary.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## Tuition and Fees 2012-13

(Please make checks payable to "Hempfield UMC.")

A Registration Fee of \$55 is required at the time of registration to hold a space for your child. For any additional siblings the Registration Fee will be \$30 per child. This fee is non-refundable. Tuition can be paid annually, by semester, or monthly. In July a letter will be sent home with your first statement explaining these choices. Your first tuition payment will be due Aug.15.

### TUITION FOR ONE DAY PER WEEK CLASS

Class available for 2 year olds

Tuition per semester payable:

August 15, 2012	\$ 192.00
January 15, 2013	\$ 192.00
	<b>\$ 384.00</b>

### TUITION FOR TWO DAY CLASS

Class available for 2 ½ - 4 year olds

Tuition per semester payable:

August 15, 2012	\$ 380.00
January 15, 2013	\$ 380.00
	<b>\$ 760.00</b>

### TUITION FOR THREE DAY CLASS

Class available for 3 - 4 year olds

Tuition per semester payable:

August 15, 2012	\$ 508.00
January 15, 2013	\$ 508.00
	<b>\$1,016.00</b>

### TUITION FOR FIVE DAY CLASS

Class available for 5 year olds

Tuition per semester payable:

August 15, 2012	\$ 792.00
January 15, 2013	\$ 792.00
	<b>\$1,584.00</b>

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### Monthly Tuition Installments

Tuition can be paid in 8 monthly payments due by the 15th of each month August – March. A \$40 charge for this plan has been included in the monthly amounts.

One Day Program	\$ 53
Two Day Program	\$ 100
Three Day Program	\$ 132
Five Day Program	\$ 203

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Lunch Bunch (Optional Program for those 3 and older and must be potty trained.)

One Day/Week	\$155	(\$77.50 payable Aug. 15 & Jan. 15)
Two Days/Week	\$310	(\$155 payable Aug. 15 & Jan. 15)
Three Days/Week	\$430	(\$215 payable Aug. 15 & Jan. 15)
Four Days/Week	\$560	(\$280 payable Aug. 15 & Jan. 15)
Five Days/Week	\$690	(\$345 payable Aug. 15 & Jan. 15)

Lunch Bunch can also be added on an as – needed basis for \$7 each day. Please check for availability.