

REGISTRATION FORM 2024-2025

FIRST PRESBYTERIAN CHURCH / NOAH'S ARK PRESCHOOL
405 N M 37 Hwy Hastings, MI 49058
(269) 945-5463 Ext. #3008. Email at noahsark@firstchurchhastings.org
www.noahsarkschool.org

Child's Name: _____

Preferred First Name at School: _____

Address: _____

City: _____ Zip _____

Birthdate: _____ Current Age: _____ Girl: _____ Boy: _____

Parent/Guardian Information

Names of Parents/Guardians: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Email _____

How did you hear about us? _____

*****Please indicate your first and second choice.

| <u>Sessions</u> | <u>Times</u> |
|--------------------------|---------------------------------|
| _____ M/T/W/TH Young 5's | M/T/W 8:30-1:00 & TH 8:30-11:30 |
| _____ M/T/TH am 4's | 8:15 – 11:15 |
| _____ M/T/TH pm 4's | 11:45 – 2:45 |
| _____ M/W am 3's | 8:45 – 11:15 |
| _____ T/TH am 3's | 8:45 – 11:15 |
| _____ M/T/TH Young 4's | 12:00 -2:30 |

The class times are tentative and are subject to change.

PLEASE RETURN THIS FORM AND INCLUDE YOUR \$45.00 (NON-REFUNDABLE) REGISTRATION FEE

TO: Noah's Ark Preschool
405 N. M-37 HWY
Hastings, MI 49058

Please make checks out to NOAH'S ARK PRESCHOOL

.....For Office use only.....

Date form received _____

Processed by _____

Registration Fee _____

Amount Paid _____

Method of Payment:

Cash

Check # _____ Last name on check _____ Envelope # _____