

Noah's Ark Learning Center
100 Tippett Court
Sunbury, OH 43074
740/965-5437
Mandy Geyer – Owner/Administrator

Reg. fee paid _____
date

Start date _____

For Office Use Only

Child Registration Form

Today's date

Child's Name: _____
First MI Last boy/girl Name to be called

Child's Age: _____ Birth Date: _____ Start Date: _____
Month/ Day/Year (Person responsible for payment)

Parent Information:

Mother's Name: _____ Phone: _____
(Guardian) First MI Last Home Work Cell

Mother's Address: _____
Street City State Zip

Mother's e-mail address: _____

Father's Name: _____ Phone: _____
(Guardian) First MI Last Home Work Cell

Father's Address: _____
Street City State Zip

Father's e-mail address: _____

*Noah's Ark Learning Center is open from 6:30a.m.-6:00p.m. Monday thru Friday.
Choose the program below that best suits your needs. A separate form is required for each child.*

DAYCARE:

Baby Nursery (6 wks.-12 mos.) M T W Th F Time _____
drop off/pick up

Older Nursery (12 mos.-24mos.) M T W Th F Time _____
drop off/pick up

Toddler M T W Th F Time _____
drop off/pick up

3 year olds daycare/preschool M T W Th F Time _____
drop off/pick up

4 & 5 yr olds daycare/preschool M T W Th F Time _____
drop off/pick up

SCHOOL KIDS:

Before/After
School

 M T W Th F

Time _____
drop off/pick up

Before School
Only

 M T W Th F

Time _____
drop off/pick up

After School
Only

 M T W Th F

Time _____
drop off/pick up

Summer Kids Club
1st - 4th grade

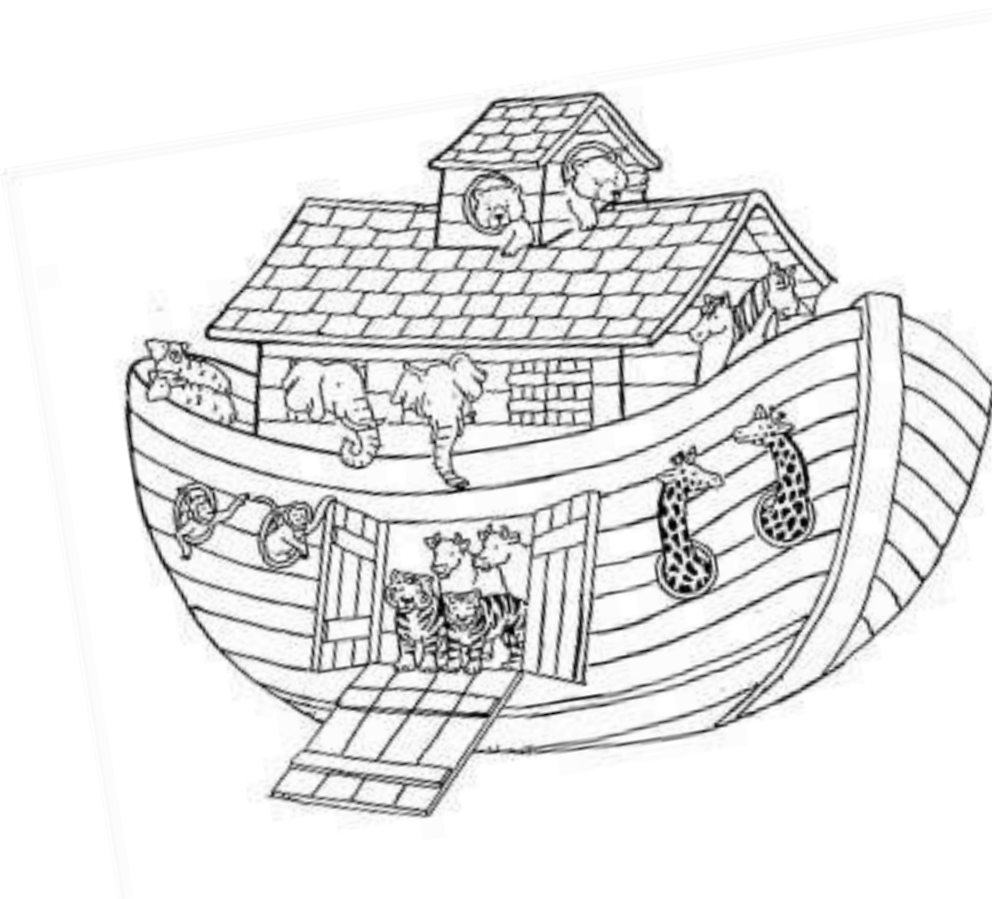
 M T W Th F

Time _____
drop off/pick up

School District:

Our school district is _____.

My child will probably attend _____ Elementary School, in the fall of _____.



“Caring for your child is our business.”