ARK PRESCHOOL REGISTRATION	ORM	SHEET 1 OF 2	
Parent/Guardian Information			
Mother/Guardian First Name:	M.I	Last Name:	
Address:			
Cell Phone:	Home Phone:		
Work Phone:	[] Custodial Parent (If married, mark both parents)		
Email:	Driver's License #:		
Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other			
Father/Guardian First Name:	M.I	Last Name:	
Address:			
Cell Phone:			
Work Phone:	[] Custodial Parent (If	f married, mark both parents)	
Email:	Driver's l	_icense #:	
Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other			
Obild laferration			
Child Information			
First Name:	_M.I Last Name:		
Name child prefers to be called:	Da	ate of Birth:	
Child's age:	Gender: [	] Male [ ] Female	
Age Group Preference: 3's 3/4	PreK		
Class preference: Morning	Afternoon	Either	
List any existing medical conditions, medication and/or special attention your child may require.			
Allergies:			

Photographs: May we take photos of your child for publication (advertisement, Facebook, etc)? [ ] Yes [ ] No

Emergency Contacts & Authorized P	ickup Persons:	
1st Contact/Pickup Name:	Phone:	
Relationship to the Child:	[] Able to pick up all the children in the family	
2nd Contact/Pickup Name:	Phone:	
Relationship to the Child:	[] Able to pick up all the children in the family	
Additional Contacts / Optional		
Name:	Phone:	
Relationship to the Child:	[] Able to pick up all the children in the family	
Name:	Phone:	
Relationship to the Child:	[] Able to pick up all the children in the family	
Tuition / Payment Information		
Tuition Amount: \$240.00 per month	Non-refundable registration fee: \$50	
Payments will made [ ] Weekly [ ] Bi-Weekly		
Person responsible for payment of tuition and f	ees:	
Additional Comments & Information:		
Is there any other information that would be hel	lpful to our management and teaching staff?	
Signature:		
Parent's Signature:	Date:	