

MSCC NOAH'S PLACE REGISTRATION FORM FOR THE FALL 2010-11 SESSION

Child's Name _____ Birthdate _____ Age _____
(month day year) (as of Sept 1, 2010)

Address _____ Date student will enter kindergarten: _____
(month/year)

Parent/Guardian's Names: _____

Address _____ Phone# _____
(please be sure to include city & zip code)

Work phone _____ Cell# _____ e-mail address _____

Names & Ages of Siblings _____ Will they also attend? _____

List of any allergies (food, medicines, etc.) _____

Are there any issues or conditions we should be aware of, (educational, medical or other)? If so please describe:

Are you interested in: volunteering being a room mom (or dad)

Emergency Contact Person#1 _____ Phone# _____

Emergency Contact Person#2 _____ Phone# _____

Name of Medical Insurance Provider _____ Phone# _____

MSCC Noah's Place does not discriminate on the basis of race, color or ethnic origin.

	OFFERED THREE DAYS	M	W	Th	Time:	Cost/day:	Monthly Total
FALL 2010-11 <small>Sept. 10 – June 4</small>	PRE-SCHOOL (2 yrs. 6 mo. –Pre-K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 am –11:45 am	\$18.00	\$ _____
	LUNCH-BUNCHER (extended pre-school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11:45 am - 2 pm	\$10.00	\$ _____
SUMMER 2010 <small>June 29 – Aug.5</small>	PRE-SCHOOL (2 yrs. 6 mo. – 5 yrs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 am –11:45 am	\$18.00	\$ _____
	PRE-K to 3rd grade –to include: Hands on Science, Global art, Cooking, Gardening, Story writing & Penmanship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 am –11:45 am	\$18.00	\$ _____
	LUNCH-BUNCHER (extended pre-school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11:45 am - 2 pm	\$10.00	\$ _____

PLEASE CHECK APPROPRIATE BOXES FOR THE DAYS YOU WOULD BE INTERESTED IN ATTENDING:

REGISTRATION FEE (see explanation & options below) \$ _____ **TOTAL AMOUNT ENCLOSED:** \$ _____

A NON REFUNDABLE REGISTRATION FEE of \$75. for the 2010-11 Fall Session, \$25. for the summer session or \$80. for both sessions must accompany this completed form for each child. **Siblings receive a 20% discount on tuition fees.** Classes sizes are limited and will be filled on a first come basis. Refund will be issued should the class be filled by the time your registration card is received. Please make checks payable to "M.S.C.C. Noah's Place" 12647 SW 62nd Ave., Portland, OR. 97219. For questions or additional information, please contact Sharon Rosing at 503 705-7745 or e-mail her at Sharon@NoahsPlacePreschool.com. You may also print additional registration forms from our website @ www.NoahsPlacePreschool.com

Signature of Parent/Guardian : _____

Date _____