



Noah's Ark Preschool

1617 E. Emerson St. Bloomington, IL 61701

(309) 828-1974 (309) 829-3866, FAX

www.stjohnsbloomington.org/noahsark

noahsark@stjohnsbloomington.org

Application for Admission

Class Preference (Indicate Choice: 1, 2, 3)

- _____ 2- (T/TH) 8:30a.m.-10:30a.m.
- _____ 3A- (T/TH) 8:30a.m.-10:45a.m.
- _____ 3B-(T/TH 11:45a.m.-2:00p.m.
- _____ 3C- (M/W/F) 8:30a.m.-10:45a.m.
- _____ 3 ½ D- (M/W/F) 12:00p.m.-2:15p.m.
- _____ Pre-KE (T) 12:30p.m-3:30p.m
- _____ Pre-KE (R) 12:30p.m-3:30p.m
- _____ Pre-K 4A- (MWF) 8:30a.m.-11:00a.m.
- _____ Pre-K 4B- (MWF) 12:30p.m.-3:00p.m.
- _____ Pre-K 4C- (M-F) 8:45a.m.-11:15a.m.
- _____ Pre-K 5- (M-F) 12:15p.m.-2:45a.m.

OFFICE USE

Med _____ Emer _____

Date Rec'd _____

Amount Rec'd _____

Check No _____

Child's Date of Birth _____ Home Telephone Number _____

Child's Full Name (Last) _____ (First) _____ (Middle) _____

Name Child Prefers to Be Called _____

Address _____

City _____ State _____ Zip _____

School Child will attend for Kindergarten _____

Mother's Name _____ Cell Phone Numbers _____

Mother's Employment _____ Phone _____

Father's Name _____ Cell Phone Numbers _____

Father's Employment _____ Phone _____

Marital Status of Parents _____ Child Resides with _____

Child Care Name _____ Phone _____

Child Care Address _____

City _____ State _____ Zip _____

Email Address for Mailings and Notifications _____

In case of emergency and parents cannot be reached, the following persons may be called:

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Child's Doctor _____ Phone _____