

NOAH'S ARK KINDERGARTEN REGISTRATION 2011-2012

ALL CHILDREN MUST BE 5 YEARS OF AGE BY SEPTEMBER 1

Enrollment of 18 children for A.M. Kindergarten
Monday - Friday 9 a.m. – 12 p.m.

Child's Full Name: _____
Last First Middle

Name child answers to: _____

Male Female Date of Birth ___/___/___

Parent/Guardian #1

Mr./Mrs./Ms: _____ Home Phone (____) ____-____

Home Address: _____ Lives with student? Yes No

City/State/Zip: _____ Billing Party? Yes No

Employer/Occupation: _____ Work phone (____) ____-____

Parent/Guardian #2

Mr./Mrs./Ms: _____ Home Phone (____) ____-____

Home Address: _____ Lives with student? Yes No

City/State/Zip: _____ Billing Party? Yes No

Employer/Occupation: _____ Work phone (____) ____-____

Email address _____

Complete registration form and mail with registration fee of **\$50.00** (non-refundable) made payable to:
ST. STEPHEN'S CHURCH ("Noah's Ark" on memo line) to:



Noah's Ark Registration

Attn: Melissa Hendricks
St. Stephen's Church
405 Frederick Avenue
Sewickley, PA 15143



No child will be refused admission because of race, creed, color and national or ethnic origin.