

NOAH'S ARK APPLICATION FORM



Noah's Ark Pre-School

Am Bauenhaus 30
40472 Düsseldorf

0211 965 3685

noahs.ark@ibcd.de

Dear Parent,

Please fill out this form and return to the address stated above. Places are limited. Once the **100€** application fee is paid, we will process your application further.

Bank Details:

Account Name: NOAH'S ARK Pre-School
Bank's name: Commerzbank Düsseldorf
Account No. (Konto Nr.): 386 436 001
Bank Code (Bankleitzahl): 300 400 00
IBAN: DE54 3004 0000 0386 4360 01
BIC: COBADEFFXXX

PERSONAL INFORMATION

Name of Child: _____
Last First Middle

Name most frequently used at home: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____
DD MM YY

Nationality: _____ Sex (M/F): _____

First Language(s): _____

Name of Parent(s) / Legal Guardian: _____

Address: _____

Telephone: _____ E-mail: _____

Billing Address (if other): _____

For official use only:

Monday Tuesday Wednesday Thursday Friday

Application Fee paid (date): _____

Fun Bus

Please check desired **Days of Attendance of Pre-School** (minimum of 3 days):

Monday Tuesday Wednesday Thursday Friday

Please check desired **Days of Attendance of Afternoon Clubs** (details see Handbook):

Monday Tuesday Wednesday Thursday Friday

Desired **Start Date**: _____

“Fun Bus” **Transportation** International School of Düsseldorf – Noah’s Ark needed?

How did you hear about Noah’s Ark? _____

Child lives with: Both Parents Father Mother Grandparents Other

Mother’s Occupation: _____ Office Phone No: _____

Mother’s Cellphone No: _____

Father’s Occupation: _____ Office Phone No: _____

Father’s Cellphone No: _____

Emergency Contact Person (if unable to reach Parents):

Name: _____ Relationship to Child: _____

Telephone No’s: _____

Names and ages of Brothers and Sisters living at home: _____

Where will the child attend First Grade? _____

Is the child Right- / Left-Handed: _____

Circle the following materials with which your child has had experience:

Clay Dramatics Mud Finger painting Water Paints Crayons

Blocks Puzzles Swimming Play-dough Games Cutting Crafts

What Social Experiences has your child had with children of similar age?

Please write any other information that you feel would help the teacher in understanding and helping your child adjust to the Pre-School.

Name of Child: _____
Last First Middle

MEDICAL INFORMATION:

Date of last physical examination: _____ / _____
Month / Year

Previous Illnesses

Please check and give date:

Chicken Pox _____
Diphtheria _____
German Measles _____
Measles _____
Mumps _____
Polio _____
Rheumatic Fever _____
Scarlet Fever _____
Tuberculosis _____
Whooping Cough _____
Frequent Colds _____
Ear Infections _____
Other: _____

Health Problems

Please check

Asthma
Diabetes
Epilepsy
Heart Disorders
Hearing Difficulties
Speech Impediment
Sight Problems
Behavior Problems
Learning Problems
(Food) Allergies

If yes, give details:

Other: _____

Is your child currently taking Medication?

If so, please give details:

Does your child have any Physical Handicaps?

Give a brief statement of any serious accident, health condition, or recent medical care concerning your child.

Name of Child:

Last First Middle

Please note that photos of your child may be published on Noah's Ark webpage www.noahsarkpreschool.de. If you do **not** wish to have pictures of your child published, please check here:

Name of Child:

Last

First

Middle