



Noah's Ark Preschool



Hope Christian Academy

2024-2025 School Year  
Registration Packet

2 Years Old – 3<sup>rd</sup> Grade

6015 West Avenue J-8

Lancaster, CA 93536

661-943-4440

Office Hours: 8:30 am – 3:00 pm

[www.noahs-ark-preschool-hope-christian-academy.com](http://www.noahs-ark-preschool-hope-christian-academy.com)

# Noah's Ark Preschool - Hope Christian Academy

## 2024-2025 Fee Schedule

### Registration Fees (Non-refundable)

	<u>February – March</u>		<u>April – May</u>		<u>June – End of School Year</u>
	<u>Returning Students</u>	<u>New Students</u>	<u>Returning Students</u>	<u>New Students</u>	<u>All Students</u>
2 – 4 year old's	\$115.00	\$145.00	\$145.00	\$190.00	\$275.00
K – 3 <sup>rd</sup> Grade	\$175.00	\$215.00	\$205.00	\$245.00	

### Monthly Tuition\*

<u>2 Year Old</u>	Half Day <u>8:30am-12:00pm</u>	Full Day <u>8:30am-2:45pm</u>
2 days – Tues/Thurs	\$420.00	\$495.00
3 days -Mon/Wed/Fri	\$480.00	\$555.00
5 days – Mon – Fri	\$560.00	\$635.00
<u>3 Year Old</u>	Half Day <u>8:30am-12:00pm</u>	Full Day <u>8:30am-2:45pm</u>
3 days -Mon/Wed/Fri	\$460.00	\$530.00
5 days – Mon – Fri	\$540.00	\$610.00
<u>4 Year Old – (PreK)</u>	Half Day <u>8:30am-12:00pm</u>	Full Day <u>8:30am-2:45pm</u>
Monday-Friday	\$540.00	\$610.00
Kindergarten – 3 <sup>rd</sup> Grade		\$620.00

**\*Annual Tuition is divided into 10 Monthly Payments due August 1, 2024 – May 1, 2025**

### Additional Fees (Non-refundable)

#### Materials Fee (One-time fee due at Registration)

2's – Pre-K                      \$ 75.00

#### Curriculum Fee (One-time fee due at Registration)

Kindergarten                      \$100.00

1<sup>st</sup> – 2<sup>nd</sup> grade                      \$175.00

3<sup>rd</sup> grade                              \$200.00

### Morning Care

Morning Care is available 7:30am-8:30am. An additional fee of \$10.00 per hour (rounded to the quarter hour) per day used will be added to your monthly tuition statement.

# Student Enrollment for the 2024-2025 School Year

Please print clearly in black or blue ink.

Start Date:  August 27, 2024 (Tuesday)  Other: \_\_\_\_\_

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(Last)	(First)	(Middle)
A. Student Name _____	_____	_____
B. Student Name _____	_____	_____
C. Student Name _____	_____	_____

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Birth Date	Birth Place (City/State)	Gender	Age on 09-01-24	2024-2025 Grade	New Student
A. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> YES
B. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> YES
C. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> YES

Referred by: Parent Name \_\_\_\_\_ Student Name \_\_\_\_\_

## Family Information

Primary Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

At this home: <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	At this home: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian
Name _____	Name _____
Email _____	Email _____
Cell Phone # _____	Cell Phone # _____
Employer _____	Employer _____
Employer's Phone # _____	Employer's Phone # _____

If there is a joint custody arrangement, please complete this section:

Secondary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Secondary Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

Custody Schedule \_\_\_\_\_

Both Parents in joint custody arrangements will have access to their child's records, grades, and school mailing.

## Court Restricted Access to Student(s)

Has the court restricted a parent from contacting or taking a child with him or her?  Yes /  No If yes, please explain.

Student(s) Name \_\_\_\_\_

Restricted Parent's Name \_\_\_\_\_

Explanation \_\_\_\_\_

Court Case # \_\_\_\_\_ Date \_\_\_\_\_ County \_\_\_\_\_

**Please attach a copy of all current court documents and updated documents when future hearings take place.**

### Emergency Contact & Pick-Up Information

In an emergency, the following persons are authorized to pick up the student (other than parents). **List at least two.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Check here if all the children have the same doctor.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_ 2024-2025 Grade \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ 2024-2025 Grade \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ 2024-2025 Grade \_\_\_\_\_ Age \_\_\_\_\_

If the students have any allergies, physical disability, other health conditions, please describe:

Student Name \_\_\_\_\_ Describe \_\_\_\_\_

Student Name \_\_\_\_\_ Describe \_\_\_\_\_

Student Name \_\_\_\_\_ Describe \_\_\_\_\_

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Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_ 2024-2025 Grade \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ 2024-2025 Grade \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ 2024-2025 Grade \_\_\_\_\_ Age \_\_\_\_\_

If the students have any allergies, physical disability, other health conditions, please describe:

Student Name \_\_\_\_\_ Describe \_\_\_\_\_

Student Name \_\_\_\_\_ Describe \_\_\_\_\_

Student Name \_\_\_\_\_ Describe \_\_\_\_\_

## Terms and Conditions 2024-2025

The Following terms and conditions of enrollment at Noah’s Ark Preschool – Hope Christian Academy are part of the parcel of the 2024-2025 Tuition Contract by and between Noah’s Ark Preschool – Hope Christian Academy and the person(s) (herein “I” or “We”) whose signature(s) appear on this page and/or the 2024-2025 Tuition Contract on the next page:

- 1) I/We understand that the registration fees are nonrefundable and are deemed fully earned by Noah’s Ark Preschool – Hope Christian Academy upon receipt; provided, however, that Noah’s Ark Preschool – Hope Christian Academy shall refund the registration fee for my child if there are no openings in the child’s grade level, or provide a partial refund of the registration fee if my child tests one or more grade levels below standard and I/We do not wish to enroll the student. I understand that administration has full authority for grade or section placement.
- 2) Each child is accepted on his or her individual merits, regardless of race, color, national origin, or ancestry.
- 3) I/We hereby grant permission for my child(ren) to use all the play equipment and participate in all activities for the school. My child also has permission to leave the school premises under the supervision of an authorized staff member for neighborhood walks and field trips. Prior notice will be given and signed permission slips will be required.
- 4) I/We hereby grant permission for my child to be included in evaluations, photographs, sound recordings, and videos connected with the school during academic studies, activities, athletics, special events, performances, and free time. These may be used in the yearbook, newsletter, publicity, and marketing efforts for the school.
- 5) I/We understand that Noah’s Ark Preschool – Hope Christian Academy does not carry accident insurance for students. I/we, as the parent(s) or guardian(s) of our child(ren) enrolled at Noah’s Ark Preschool – Hope Christian Academy do hereby authorize, in advance, a representative of Noah’s Ark Preschool – Hope Christian Academy to obtain emergency medical care and give specific authorization for diagnosis or treatment for my child while he or she is under school supervision. Emergency care may include transportation, x-ray, anesthetic, medical or surgical diagnosis, treatment or hospital care rendered under the supervision of a physician or surgeon licensed under the provisions of the Medicine Practice Act. I agree to maintain medical insurance coverage for my child(ren) and accept full financial responsibility for such emergency care obtained by the Noah’s Ark Preschool – Hope Christian Academy representative for my child(ren). Neither the Noah’s Ark Preschool – Hope Christian Academy representative nor Noah’s Ark Preschool - Hope Christian Academy will assume any financial responsibility for exercising this action. In accordance with Section 25.78 of the Civil Code of California, this authorization shall remain effective until revoked in writing and delivered to Noah’s Ark Preschool – Hope Christian Academy.
- 6) The obligations of Noah’s Ark Preschool – Hope Christian Academy shall be excused hereunder if Noah’s Ark Preschool – Hope Christian Academy fails to perform its obligations hereunder because of strikes, lockouts, labor disputes, embargoes, acts of God, governmental restrictions, governmental regulations, governmental controls, judicial orders, enemy or hostile governmental action, civil commotion, fire or other casualty, or other causes beyond the reasonable control of Noah’s Ark Preschool – Hope Christian Academy; in which case tuition will be prorated.
- 7) I/we hereby agree to comply with all policies & procedures of Noah’s Ark Preschool – Hope Christian Academy in accordance with the Parent/Student Handbook and acknowledge receiving the 2024-2025 Fee Schedule.
- 8) I/we understand the school shall be entitled to dismiss or expel my child at any time with or without cause.
- 9) This Agreement is made by mutual consent and I/we or the school may terminate this agreement at any time, with or without cause.
- 10) Upon termination of this Agreement or completion of the school year, I/we shall continue to be jointly and several liable to Noah’s Ark Preschool – Hope Christian Academy for any and all financial obligations theretofore accruing under this Agreement, together with interest thereon at the maximum rate permitted by law. I/we understand the school will notify subsequent schools if there is an outstanding balance at the time of transfer to the new school.
- 11) In any litigation or other proceeding by which one party either seeks to enforce its rights under this Agreement or seeks a declaration of any rights or obligations under this Agreement, the prevailing party shall be awarded reasonable attorney fees, together with any costs and expenses, to resolve the dispute and to enforce their final judgment.

Father/Guardian (Print)	Father/Guardian Signature	Date
Mother/Guardian (Print)	Mother/Guardian Signature	Date

# 2024-2025 TUITION CONTRACT

Noah’s Ark Preschool – Hope Christian Academy • 6015 West Avenue J8 • Lancaster, CA 93536 • (661) 943-4440

(Please Print Clearly)

Father/Guardian \_\_\_\_\_ Start Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ New  Half Day

Student A. \_\_\_\_\_ Grade 2024-2025 \_\_\_\_\_    
B. \_\_\_\_\_ Grade 2024-2025 \_\_\_\_\_    
C. \_\_\_\_\_ Grade 2024-2025 \_\_\_\_\_

TUITION 10 Month Billing Plan August 1, 2024 - May 1, 2025

<u>2 Year Old</u>	<u>Half Day</u>	<u>Full Day</u>
<input type="checkbox"/> 2 days – Tues/Thurs	\$420.00 <input type="checkbox"/>	\$495.00 <input type="checkbox"/>
<input type="checkbox"/> 3 days – Mon/Wed/Fri.	\$480.00 <input type="checkbox"/>	\$555.00 <input type="checkbox"/>
<input type="checkbox"/> 5 days – Monday-Friday	\$560.00 <input type="checkbox"/>	\$635.00 <input type="checkbox"/>
 <u>3 Year Old</u>	 <u>Half Day</u>	 <u>Full Day</u>
<input type="checkbox"/> 3 days – Mon/Wed/Fri.	\$460.00 <input type="checkbox"/>	\$530.00 <input type="checkbox"/>
<input type="checkbox"/> 5 days – Monday-Friday	\$540.00 <input type="checkbox"/>	\$610.00 <input type="checkbox"/>
 <u>4 Year Old (PreK)</u>	 <u>Half Day</u>	 <u>Full Day</u>
<input type="checkbox"/> 5 days – Monday-Friday	\$540.00 <input type="checkbox"/>	\$610.00 <input type="checkbox"/>
 <input type="checkbox"/> Kindergarten – 3 <sup>rd</sup> Grade		\$620.00

Tuition is due on the first of the month. If payment is not received by the close of business (3:00pm) on the 10<sup>th</sup> of the month, any unpaid balance will be subject to a \$50.00 late/finance charge. If tuition and other charges are not paid as of the last day of the month, the student(s) will be excluded from class and all activities until the past due balance is paid in full.

<u>REGISTRATION</u> *	<u>February – March</u>	<u>April – May</u>	<u>June – End of School Year</u>		
	<u>Returning Students</u>	<u>New Students</u>	<u>Returning Students</u>	<u>New Students</u>	<u>All Students</u>
2 – 4 year old’s	\$115.00	\$145.00	\$145.00	\$190.00	\$275.00
K – 3 <sup>rd</sup> Grade	\$175.00	\$215.00	\$205.00	\$245.00	

MATERIAL FEE \* \$75.00  
CURRICULUM FEE \* \$100.00 (Kinder) \$175.00 (1<sup>st</sup>-2<sup>nd</sup> grade) \$200.00 (3<sup>rd</sup> grade)

\*Registration and Fees are Non-Refundable. Students are not officially enrolled until all forms and fees are submitted.

By signing below, the parent(s)/guardian(s) agree to enroll the above student(s) at Noah’s Ark Preschool – Hope Christian Academy for the 2024-2025 school year and agree to abide by the school’s policies in the Parent/Student Handbook, the 2024-2025 Fee Schedule, as well as the terms and conditions set forth in the pages of this agreement which are incorporated herein by reference. By signing below, the parent(s)/guardian(s) agree to be jointly and severally liable for all charges pertaining to the child(ren) enrolled. The Parent(s)/guardian(s) may not accept some charges and decline other charges unless a Supplemental Cost Allocation Agreement is signed by all parties and approved by the Accounting Manager.

\_\_\_\_\_  
Father/Guardian Signature Date Mother/Guardian Signature Date

.....  
(Office Use Only) Registration \$ \_\_\_\_\_  Cash  Check  
Tuition \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Date Received \_\_\_\_\_ Material Fee \$ \_\_\_\_\_ Total received \$ \_\_\_\_\_  
Received by \_\_\_\_\_ Curriculum Fee \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

# Noah's Ark Preschool - Hope Christian Academy

## 2024-2025 Admissions Policies and Procedures

<b>Enrollment</b>	Enrollment Packet must be filled out completely, signed, and dated upon submission, along with payment. Registration fees are to be paid by cash, check, or money order. All forms, including a copy of birth certificate, immunization records, Supplemental Packet (Preschool & Kindergarten), copy of most recent report card (Elementary), and Parent/Student Questionnaire are required before students start school.
<b>Family Discount</b>	A 10% family discount is applied for each sibling of the same family living in one household. (Discount is applied to lowest tuition rate.)
<b>Tuition Payments</b>	<p>The tuition is based on the entire school year and is divided into 10 monthly payments; accordingly, tuition payments are to be made during the break times as well. Tuition is due on the 1<sup>st</sup> of each month (August-May). Tuition payments are to be paid by check, money order, or through PushPay. You may set up recurring tuition payments with no added fee by texting "NOAHSARKSCHOOL" to 77977. (Please note that a \$10 service fee per student will be added for each one-time payment through PushPay.)</p> <p>There is no tuition discount given for days missed.</p> <p><u>Late Enrollment or Early Withdrawal</u></p> <p>Tuition is calculated based on a yearly fee. If a child is enrolled for part of the month, that month's tuition will be prorated based on the number of weeks attended. A 2-week notice of withdrawal is required to prorate that month's tuition.</p>
<b>Finance Charge</b>	Tuition and other charges are late if not paid in the office by close of business (3:00pm) on the 10 <sup>th</sup> of each month or if not paid through PushPay by 9:00pm on the 10 <sup>th</sup> day of the month. A late/finance charge of \$50.00 will be assessed and added to your family account.
<b>NSF Check Fee</b>	Checks returned for nonsufficient funds or returned unpaid will incur a \$20.00 NSF fee. After the 2 <sup>nd</sup> NSF check, checks will not be accepted for the next 12 months.
<b>Reinstatement Fee</b>	Should you choose to withdraw your child(ren) and re-enroll them within the same calendar school year, there will be an additional reinstatement fee of \$50.00 due.
<b>Fundraising</b>	All fundraising events are voluntary and are <b>not</b> mandatory. All proceeds go directly back to the school and are designated for specific purposes to enhance our school program.
<b>Additional Fees</b>	There may be additional fees for school activities, after-school clubs, and field trips.

*Train up* a child in  
*the way* he should go,  
and when he grows old,  
he will *not depart* from it.

Proverbs 22:6