



PRINCE OF PEACE ADVENTURE ARK PLAYSCHOOL

4600 Preserve Parkway, Hoover AL 35226
adventure.ark@popcatholic.org

Office Use Only:

Application Fee \$35

Date Rec'd: _____

Paid: Cash _____ Check _____ Venmo _____

Registration Fee (upon acceptance) \$150

Date Rec'd: _____

Paid: Cash _____ Check _____ Venmo _____

Adventure Ark Playschool Application

Please complete and send application form and \$35 non-refundable application fee (Check or Venmo)
Venmo: @POPCatholicHoover and put "Adventure Ark" and child's name in memo section.

Name of Child: _____ Sex: _____
(First) (Middle) (Last)

Date of Birth: _____ Age as of Sept 1st: _____

Please check preferences for specific days and number of days:

Hours 9:00 a.m.-1:00 p.m.

_____ 1st choice: Monday/Wednesday 2nd choice: Tuesday/Thursday ____ extra days if available

_____ 1st choice: Tuesday/Thursday 2nd choice: Monday/Wednesday ____ extra days if available

Address: Street _____

City _____ State _____ Zip _____

Home Phone: _____

Father's Name: _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Mother's Name: _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Other Children in the Family & their ages: _____

Church Affiliation: _____

Member of Prince of Peace Church: ____ Yes or ____ No

Has your child had any contagious diseases, serious accidents, or operations? _____

Please share any information about your child that may be helpful for your child's teacher _____

Any Known Allergies: _____ Asthma: _____

Frequent Nose Bleeds: _____ Fevers: _____

Physical or Mental Problems: _____

Are there any physical reasons for your child not to participate in normal playschool activities? Y or N
If yes, please explain: _____

Person(s), other than parents, we may call in case of emergency or illness:
(Contacts must be within a 30-mile radius)

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Person(s) who have permission to pick up your child from school:

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name of child's physician: _____ Phone: _____

I give permission for my child, _____, to be taken to the nearest emergency room
for treatment should there be an emergency situation in which we are unable to reach either parent.

Parent Signature: _____

Date: _____