



# Noah's Ark Preschool & Hope Christian Academy

2025-2026 School Year  
Registration Packet  
2 Years Old – 4<sup>th</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)



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Christian Schools International

# Noah's Ark Preschool - Hope Christian Academy

## 2025-2026 Fee Schedule

### Registration Fee (Non-refundable) (One-time fee)

	March-April		May-June		July – End of School Year
	Returning Students	New Students	Returning Students	New Students	All Students
2 – 4 year old's	\$115.00	\$165.00	\$145.00	\$195.00	\$285.00
K – 4 <sup>th</sup> Grade	\$175.00	\$225.00	\$205.00	\$255.00	

### 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	\$440.00	\$520.00
3 days -Mon/Wed/Fri	\$500.00	\$580.00
5 days – Mon – Fri	\$590.00	\$670.00
 <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	\$480.00	\$560.00
5 days – Mon – Fri	\$570.00	\$640.00
 <u>4 Year Old – (PreK)</u>	 Half Day <u>8:30am-12:00pm</u>	 Full Day <u>8:30am-2:45pm</u>
Monday-Friday	\$580.00	\$640.00
 Kindergarten – 4 <sup>th</sup> Grade		 \$660.00

**\*Annual Tuition is divided into 10 Monthly Payments due August 1, 2025 – May 1, 2026**

### Additional Fees (Non-refundable)

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

2's – Pre-K	\$ 100.00
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#### Curriculum Fee (One-time fee due at Registration)

Kindergarten	\$125.00
1 <sup>st</sup> – 2 <sup>nd</sup> grade	\$200.00
3 <sup>rd</sup> – 4 <sup>th</sup> grade	\$250.00

### Morning/After School Care

Morning Care is available from 7:30am-8:30am. An additional fee of \$5.00 per hour per day used will be added to your monthly tuition statement. After School Care is available 3:00pm-4:00pm. Staff are available to assist students with homework during this time. An additional fee of \$10.00 (\$5.00 for siblings) per hour per day used will be added to your monthly tuition statement.

# Student Enrollment for the 2025-2026 School Year

Please print clearly in black or blue ink.

Admission Date:  August 26, 2025

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 09-01-25	2025-2026 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

\* Students must meet the age requirement for the grade they are entering by September 1<sup>st</sup>. For example, Kindergarten students must be 5 years old by September 1<sup>st</sup>. Students with a later birthday may be placed in a different class.

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

## Family Information

Primary Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

At this home:  Mother  Stepmother  Guardian

At this home:  Father  Stepfather  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 \_\_\_\_\_

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 communications.

## 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 provide the following information:

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

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

Explanation \_\_\_\_\_

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

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

## Emergency & Authorized Persons

The following people are authorized to be contacted in an emergency and/or to pick up the student(s) from school (other than parents/guardians). Children will not be allowed to leave with any other person without written authorization from parent or guardian. A photo ID will be required.

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

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

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

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

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

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

## Medical Information

Physician or Dentist to be called in an emergency:

Check here if all the children have the same physician/dentist.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

Student Name \_\_\_\_\_ 2025-2026 Grade \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ 2025-2026 Grade \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ 2025-2026 Grade \_\_\_\_\_ Age \_\_\_\_\_

If physician cannot be reached, what action should be taken?

Call Emergency Hospital  Other Explain: \_\_\_\_\_

Any allergies, health conditions, or physical disability? If so, please describe:

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

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

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

## Terms and Conditions 2025-2026

The Following terms and conditions of enrollment at Noah’s Ark Preschool – Hope Christian Academy are part of the parcel of the 2025-2026 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 2025-2026 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. I understand that administration has full authority for grade or section placement.
- 2) Noah’s Ark Preschool - Hope Christian Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships, loan programs, athletic and other school administered programs.
- 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, social media, publicity and/or marketing efforts for the school.
- 5) 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/We 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 is unable to perform its obligations hereunder due to 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 2025-2026 Fee Schedule.
- 8) I/We understand that my child(ren) may be excluded from school, as well as participating in any and all school activities, due to an outstanding tuition balance of 30 days or more until the account is paid in full.
- 9) I/We understand the school shall be entitled to dismiss or expel my child at any time with or without cause.
- 10) This Agreement is made by mutual consent and I/We or the school may terminate this agreement at any time, with or without cause.
- 11) 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.

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

## 2025-2026 TUITION CONTRACT

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

(Please Print Clearly)

Mother/Guardian \_\_\_\_\_ Admission Date \_\_\_\_\_

Father/Guardian \_\_\_\_\_ New      Half Day

Student	A. _____	Grade* 2025-2026 _____	<input type="checkbox"/>	<input type="checkbox"/>
	B. _____	Grade* 2025-2026 _____	<input type="checkbox"/>	<input type="checkbox"/>
	C. _____	Grade* 2025-2026 _____	<input type="checkbox"/>	<input type="checkbox"/>

\* Students must meet the age requirement for the grade they are entering by September 1<sup>st</sup>

**TUITION**

10 Month Billing Plan August 1, 2025 - May 1, 2026

<b><u>2 Year Old</u></b>		<b><u>Half Day</u></b>	<b><u>Full Day</u></b>
<input type="checkbox"/>	2 days – Tues/Thurs	\$440.00 <input type="checkbox"/>	\$520.00 <input type="checkbox"/>
<input type="checkbox"/>	3 days – Mon/Wed/Fri.	\$500.00 <input type="checkbox"/>	\$580.00 <input type="checkbox"/>
<input type="checkbox"/>	5 days – Monday-Friday	\$590.00 <input type="checkbox"/>	\$670.00 <input type="checkbox"/>
<b><u>3 Year Old</u></b>		<b><u>Half Day</u></b>	<b><u>Full Day</u></b>
<input type="checkbox"/>	3 days – Mon/Wed/Fri.	\$480.00 <input type="checkbox"/>	\$560.00 <input type="checkbox"/>
<input type="checkbox"/>	5 days – Monday-Friday	\$570.00 <input type="checkbox"/>	\$640.00 <input type="checkbox"/>
<b><u>4 Year Old (PreK)</u></b>		<b><u>Half Day</u></b>	<b><u>Full Day</u></b>
<input type="checkbox"/>	5 days – Monday-Friday	\$580.00 <input type="checkbox"/>	\$640.00 <input type="checkbox"/>
<input type="checkbox"/>	Kindergarten – 4 <sup>th</sup> Grade		\$660.00

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.

**REGISTRATION \***

(One-time payment)

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

**MATERIAL FEE \***      \$100.00 (2's – PreK)

**CURRICULUM FEE \***      \$125.00 (Kinder)      \$200.00 (1<sup>st</sup>-2<sup>nd</sup> grade)      \$250.00 (3<sup>rd</sup>-4<sup>th</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 2025-2026 school year and agree to abide by the school's policies in the Parent/Student Handbook, the 2025-2026 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 Scholarship Application Agreement is signed by all parties and approved by the Administration and Accounting Manager.

Mother/Guardian Signature _____	Date _____	Father/Guardian Signature _____	Date _____
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**(Office Use Only)**

Received by _____	Registration \$ _____	Material Fee \$ _____	Curriculum Fee \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Date Received _____				Total amount received \$ _____	
			Receipt # _____		

# Noah's Ark Preschool - Hope Christian Academy

## 2025-2026 Admissions Policies and Procedures

<b>Enrollment</b>	The 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. <u>All</u> forms, including a copy of the student's birth certificate, immunization record, Supplemental Packet (Preschool & Kindergarten), Report of Health Examination (Elementary), copy of most recent report card (Elementary), and Parent/Student Questionnaire are <u>required before students start school</u> .
<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). For convenience and accounting purposes, tuition payments are to be made through our PushPay app. Text NOAHSARKSCHOOL (all caps) to 77977. You will be sent a link to "Hope Chapel School" where you can set up your payment information. (Set as "recurring" so as not to incur a \$10 surcharge fee.) Tuition payments may also be made by check (postdated checks are not accepted), money order, or cashier's check. These payments are to be made through the school office.</p> <p>There is no tuition discount given for days missed.</p> <p><u>Late Enrollment or Early Withdrawal</u> 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 (3:00 pm) on the 10 <sup>th</sup> of each month or if not paid through PushPay by 9:00 pm 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 \$35.00 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 not 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 events, such as: school activities, after-school clubs, and field trips.
<b>Morning/Afternoon Care</b>	We offer Morning Care from 7:30 am – 8:30 am and Afternoon Care from 3:00 pm – 4:00 pm. There is an extra fee for these services and are billed monthly.

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

Proverbs 22:6