



# The Ark Preschool

Otsego Church of God  
112 Kalamazoo Street  
Otsego Michigan 49078  
269 -686-6613

## Our Philosophy

Thank you for the interest in The Ark Preschool for your child. Our preschool program supports the early preparation and enhancement of emotional, social, physical, and intellectual development. Children who attend preschool extend their “early start” into Kindergarten. Their confidence in their learning abilities, comfort with peers and exposure to new ideas and experiences help translate measurably into academic performance and social maturity. Our goal is to offer a Christian based preschool program filled with fun, warm experiences with other children and caring teachers in an atmosphere of love.

- ❖ ENROLLING NOW for Fall 2022-2023
- ❖ Call Teacher Ms. Amy Seelye, 269-694-9481 ext. 205
- ❖ Class Opportunities – 3, 4, and 5 year olds – Combined Multi Age Classes
- ❖ Typical Day – 9 a.m. - 1 p.m. (See brochure for class schedule.)
- ❖ Class Sessions:

### 3 Year Olds (Must be 3 by 9/01/22)

- MON & WED Tuition: \$155 / month
- OR**
- MON, WED & FRI Tuition: \$210 / month

### 4 & 5 Year Olds (Must be 4 or 5 by 12/01/22)

- MON & WED Tuition: \$155 / month
- OR**
- MON, WED & FRI Tuition: \$210 / month

- ❖ Enroll your child – Complete the blue application and return it with a \$35 application fee and the first month’s tuition (September).
- ❖ Enrollment packet – Application and green health form (The health exam must have been completed within the year prior to the school start day). The green health appraisal form must be signed by the examining physician and dated. **Please call the physician to set up an appointment early (appointments in the summer fill up very quickly). Then, please be sure to turn in the completed and signed health appraisal form to the church office by August 31st.**
- ❖ Curriculum: Thematic Units, Math, Science, Art, Reading Readiness, Fine Motor, Gross Motor, Social/Emotional, Kindergarten Readiness.
- ❖ Fun Field Trips – Gull Meadows Farm, All That Athletics, Bike-A-Thon.
- ❖ Discounted rates are available for families enrolling more than one child.

Early Childhood Developmental Preschool Program  
Our Program is fully accredited by the State of Michigan



# Required Immunizations for Michigan Childcare/Preschool Attendance

Communicable disease rules are the minimum standard for preventing disease outbreaks in child care settings.

Healthcare professionals in Michigan should follow the

2016 Recommended Immunization Schedule at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or [www.michigan.gov/immunize](http://www.michigan.gov/immunize) to protect patients from all diseases

**\*\*All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.**

| Age →<br>Vaccine**↓              | Childcare/Preschool Entry Requirements |                           |                           |                            |  |  |         |
|----------------------------------|--|---------------------------|---------------------------|----------------------------|--|--|---------|
|                                  | Birth through 1 month                  | 2 months through 3 months | 4 months through 5 months | 6 months through 15 months | 16 months through 18 months  | 19 months through 4 years  | 5 years |
| Diphtheria, Tetanus, Pertussis   | None                                   | 1 dose DTaP               | 2 doses DTaP              | 3 doses DTaP               | 3 doses DTaP   | 4 doses DTaP   |         |
| Pneumococcal Conjugate (PCV 13)  | None                                   | 1 dose                    | 2 doses                   | 3 doses                    | 4 doses <b>OR</b> age appropriate complete series  | 1 dose on or after 24 mo <b>OR</b> age appropriate complete series | None    |
| <i>H. influenzae</i> type b      | None                                   | 1 dose                    | 2 doses                   |                            | 1 dose on or after 15 months of age <b>OR</b> age appropriate complete series                            |  | None    |
| Polio                            | None                                   | 1 dose                    | 2 doses                   |                            | 2 doses  | 3 doses  |         |
| Measles,*<br>Mumps,*<br>Rubella* | None                                   | None                      | None                      | None                       | 1 dose on or after 12 months of age  |  |         |
| Hepatitis B*                     | None†                                  | 1 dose                    | 2 doses                   |                            | 2 doses  | 3 doses  |         |
| Varicella* (Chickenpox)          | None                                   | None                      | NoneNone                  |                            | 1 dose on or after 12 months of age <b>OR</b> current lab immunity <b>OR</b> reliable history of disease |  |         |

\*If vaccination is not administered, current laboratory evidence of immunity is required.

† Hepatitis B may be administered as early as birth. This table represents **the minimum required** immunizations for childcare centers.

Parents/guardians must obtain a certified nonmedical waiver from a local health department.

Rev. March 31, 2016







*APPLICATION FOR ADMISSION  
THE ARK PRESCHOOL  
Church of God – Otsego  
2022-2023*

| FOR OFFICE USE ONLY                    |                             |
|--|-----------------------------|
| Date Received _____                    |                             |
| Payment Amount \$ _____                |                             |
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> MO |
| # _____                                |                             |

**CHILD INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child lives with:  Both Parents  Mom  Dad  Joint Custody  Other: \_\_\_\_\_

**CLASS INFORMATION:**

**PLEASE INDICATE YOUR CHOICE OF SESSIONS HERE  
Combined Classes 9 a.m. – 1 p.m.**

**3 Year Olds (Must be 3 yrs. old by Sept. 1, 2022)**

**4 & 5 Year Olds (Must be 4/5 by Dec. 1, 2022)**

MON & WED Tuition: \$155 per month

MON & WED Tuition: \$155 per month

**OR**

**OR**

MON, WED & FRI Tuition: \$210 per month

MON, WED & FRI Tuition: \$210 per month

Tuition payments are due each month September through May.

**Enclosed is my application fee of \$35.00 plus the first month's tuition totaling \$ \_\_\_\_\_**

**Make Checks payable to: THE ARK PRESCHOOL and mail to: P.O. Box 115, Otsego, MI 49078 (NO CASH)**

**FAMILY INFORMATION:**

**MOTHER:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

**FATHER:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

**BROTHERS & SISTERS** *(Please list names and ages)* \_\_\_\_\_

**GENERAL INFORMATION:**

Church Affiliation: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSON TO CONTACT IN AN EMERGENCY IF UNABLE TO REACH PARENTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*- PLEASE COMPLETE REVERSE SIDE -*

**PERSON(S) OTHER THAN PARENTS TO WHOM THE CHILD MAY BE RELEASED TO:** *(Please list by name)*

Daycare Provider, Grandparents, Neighbor, etc.

**IS THERE ANYTHING ELSE ABOUT YOUR CHILD THAT WOULD BE PARTICULARLY HELPFUL FOR THE TEACHER**

**TO KNOW?** *(Allergies, recent parent divorce or separation, previous preschool experiences, etc.)*

**PUBLICATION:**

**Picture permission for outside publications: (Please initial one.)**

I hereby give permission \_\_\_\_\_ I expressly withhold permission \_\_\_\_\_

**For my child's picture and/or first name only to be published on the Ark Preschool web page or on the internet. I understand this is for the preschool publication/activities and could be a single picture or as part of a large group photo.**

**STATEMENT OF CONSENT:** I hereby give permission for the ARK to seek emergency care at Borgess/Pipp

Medical Center if the family physician is not available.

My child is toilet trained and meets the minimum age requirements. I agree to pay the monthly tuition at the regular class rate.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CHURCH OFFICE HOURS:**  
Monday through Friday 9:00 – 2:00 PM

**RETURN COMPLETED FORM TO:** THE ARK  
PO BOX 115

Phone: 269-694-9481, Ext. 205  
49078

OTSEGO MI

**\*FOR ARK INFORMATION OR TUITION QUESTIONS, CALL BETH AT (269)686-6613 or email [thearkpreschoolotsego@gmail.com](mailto:thearkpreschoolotsego@gmail.com)\***