



Joyful Noise Christian Preschool Enrollment Form

Child's Name: Last _____ First _____ Nickname _____

Child's Address: _____ City _____ Zip _____

Home Phone: _____

Email Address: _____

Child's Birthdate: _____

Gender: Male/Female

Mother's Name: _____

Occupation: _____

Work Address: _____ City _____ Zip _____

Work Phone: _____

Cell Phone: _____

Father's Name: _____

Occupation: _____

Work Address: _____ City _____ Zip _____

Work Phone: _____

Cell Phone: _____

Please list names and ages of siblings:

Child's Doctor: _____

Phone Number: _____

Please turn over to fill out the back side. Thank you.

Emergency Contacts who are authorized to pick up your child

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Does Joyful Noise have your permission to seek emergency first aid if you cannot be reached? YES/NO
(If NO, please attach a signed note detailing steps for Joyful Noise to take.)

Parent Signature: _____ Date: _____

To help us better understand your child's needs, please answer the following questions.

Is there anything you would like us to know about your child? _____

Allergies/Medical Concerns or conditions: _____

Medication: _____

Marital Status: Married/Divorced/Single

I am sending my child to preschool because: _____

Additional comments: _____

I agree to permit my child to appear in videos, photos, etc. and their use in publicity, publications and presentations to public groups and other representations of the school. I understand that children are admitted for a full school year and tuition is due monthly even if there are absences.

I understand that Christian material will be included in the curriculum.

Parent Signature: _____ Date: _____