

JOYFUL NOISE PRESCHOOL

Registration Form

	For Center Use:
	Date of Admission:
	Age at Admission:
Child's Name:	Date of Birth:

Parent's Names

Father:	Mother:
Home Address:	Home Address:
Town:	Town:
Home Telephone:	Home Telephone:
Cell phone/ Email:	Cell phone/Email:

Others in Family/Relationship

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/	/

Business Addresses

Mother - Name of Business:	Work Telephone:
Address:	Hours at work:
Father - Name of Business:	Work Telephone:
Address:	Hours at work:

IF PARENTS CAN NOT BE CONTACTED, NOTIFY:

Name:	Relationship:
Address:	Telephone No.:
Name:	Relationship:
Address:	Telephone No.:
Child's Physician/Clinic:	Telephone No.:

1. In the event of illness or accident (when parents cannot be readily contacted) I authorize the calling on of a physician and/or the providing of other necessary medical services at my expense. I will have a copy of my child's health records on file with the school by October 1, and up-date current health forms as needed throughout the year.
2. I will fulfill my financial obligations to the Joyful Noise Preschool and will pay my bills promptly by the 15th of the preceding month with the exception of September's payment, which will be due on or before May 15th.

What would you like your child to gain from this experience?

I would like to enroll my child in the following programs(s):
(Indicate choice)

Mon./Wed./Fri.	Optional Lunch Bunch
Tue./Thurs.	Optional Lunch Bunch