

REGISTRATION FORM

FAMILY LAST NAME _____

Child's Name _____
FIRST M. I. LAST

Child's Birth Date ____/____/____ Gender: Male Female Name child prefers to be called: _____

CLASSES OFFERED

Please indicate 1st AND 2nd CHOICE

CATERPILLAR: *Three between September 1, 2019 to February 28, 2020 or otherwise approved by Director.*

____ (Session 1) Monday, Wednesday, Friday 9:00 to 11:30 A.M. (September class time is 9:00-11:00)

____ (Session 2) Tuesday and Thursday 9:00 to 11:30 A.M. (September class time is 9:00-11:00)

BUMBLEBEE: *Three by August 31, 2019*

____ (Session 1) Tuesday and Thursday 9:00 to 11:30 A.M.

HUMMINGBIRD: *Three by August 31, 2019*

____ (Session 1) Monday, Wednesday, Friday 9:00 to 11:30 A.M.

____ (Session 2) Monday, Wednesday, Friday 12:30 to 3:00 P.M.

GRASSHOPPER: *Four by August 31, 2019*

____ (Session 1) Monday, Wednesday, Friday 9:00 to 11:30 A.M.

____ (Session 2) Monday, Wednesday, Friday 12:30 to 3:00 P.M.

BUTTERFLY: *Four by August 31, 2019*

____ (Session 1) Monday through Friday 9:00 to 11:30 A.M.

ARTS EVERYWHERE: *Ages 3 and over (must be potty trained)*

____ (Session 1) Monday 11:30 to 3:00

____ (Session 2) Wednesday 11:30 to 3:00

____ (Session 3) Friday 11:30 to 3:00

FLEX: *Ages 3 and over (must be potty trained)*

____ (Session 1) Monday 11:30 to 3:00

____ (Session 2) Wednesday 11:30 to 3:00

MOOVIN' & GROOVIN': *Ages 3 and over (must be potty trained)*

____ (Session 1) Tuesday 11:30 to 3:00

____ (Session 2) Thursday 11:30 to 3:00

____ (Session 3) Friday 11:30 to 3:00

Parent/Guardian Information

Class Directory: Would you like your family's contact information to be included on the class list? Yes No

Parent /Guardian 1 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Occupation: _____ Work Phone: () _____

Stay at home Mom/Dad former occupation _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Parent /Guardian 2 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Occupation: _____ Work Phone: () _____

Stay at home Mom/Dad former occupation _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

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Has your child previously attended preschool/daycare? _____ Where? _____

Was it a successful experience? _____, If not please explain _____

Have any of your children previously attended Joyful Noise Preschool? _____ What year? _____

Are you a member of Zion Lutheran Church? Yes No Religious Affiliation _____

List any existing medical conditions, medication and/or special attention your child may require?

Are your child's immunizations up to date? _____ Please attach copy of immunization record to form.

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Special problems

Fears: _____ Sleeping: _____

Foods: _____ Bathroom: _____

Does your child have any siblings? _____

Check terms that best describe your child.

____ Confident ____ Insecure ____ Trusting ____ Hostile ____ Rebellious ____ Responsible
____ Leader ____ Follower ____ Cooperative ____ Loving ____ Fearful ____ Self-reliant

Describe your child's play with others. _____

What play materials keep your child's interest the longest? _____

Please complete each area below as we use this information to communicate 'a welcome' to your child before school starts, be specific

Favorite friend _____ Favorite relative _____

Favorite place to visit _____ Favorite food _____

Favorite toy _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

[] Emergency Contact

[] Authorized to pick up the following children: _____

Code word for emergency pick-up (use same for all contacts) _____

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2nd Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Code word for emergency pick-up (use same for all contacts) _____

Photographs:

May we maintain a photo of your child for security purposes? Yes No

May we take photos of your child for use in:

The Preschool? Yes No

Newspaper? Yes No

Church publications? Yes No

Preschool Web Site? (only after parents have been informed and have approved them) Yes No

Private Facebook Class Group? (these pictures will only be viewable to the group members) Yes No

Additional Comments & Information:

Is there is any other information that would be helpful to our management and teaching staff?

**COMPLETE AND RETURN WITH \$50.00 REGISTRATION FEE
PAYABLE TO ZION LUTHERAN CHURCH**

**JOYFUL NOISE PRESCHOOL OF ZION LUTHERAN CHURCH
2215 BRANDYWINE LANE
YORK, PA 17404**

I UNDERSTAND THAT I MUST SIGN AND AGREE TO THE TUITION AGREEMENT BEFORE MY CHILD’S REGISTRATION WILL BE CONSIDERED AND THAT ALL TUITION PAYMENTS MUST BE AUTOMATICALLY WITHDRAWN THROUGH THE JOYFUL NOISE AUTOMATIC TUITION WITHDRAW PROGRAM, OR THROUGH THE TWO PAYMENT OPTION.

I have read and agree to the above statements.

NAME _____

DATE _____