

# 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 1<sup>st</sup> AND 2<sup>nd</sup> CHOICE**

**CATERPILLAR:** *Three between September 1, 2021 to February 28, 2022 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, 2021*

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

**HUMMINGBIRD:** *Three by August 31, 2021*

\_\_\_\_ (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, 2021*

\_\_\_\_ (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, 2021*

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

Please note: Creative Class offerings are subject to change depending on interest.

**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

# REGISTRATION FORM

**FAMILY LAST NAME** \_\_\_\_\_

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? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts & Authorized Pickup Persons:

**1<sup>st</sup> 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) \_\_\_\_\_

**REGISTRATION FORM**

**FAMILY LAST NAME** \_\_\_\_\_

**2<sup>nd</sup> 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

**JNP Private Facebook Page?** (these pictures will be viewable to current families)  Yes  No

**JNP Public Facebook & Instagram Pages?** (these pictures will be viewable to all followers)  Yes  No

**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 \_\_\_\_\_