



Royston First United Methodist Church
706-245-7499

SIGNATURE FORM

We are desiring to enroll our child _____ as a pupil in the Joyful Noise Preschool, we agree to the following:

Please circle which one you are enrolling for

Two Year Olds	4 days/week	\$140/mo.	M-TH
Three Year Olds	5 days/week	\$150/mo.	M-F
Four Year Olds	5 days/week	\$150/mo.	M-F

PLUS \$65.00 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM (this is non-refundable)

Please note that we have limited space available and we are on a first-come/first-serve basis. We cannot secure a spot for your child(s) until we receive your signed, completed form with registration fee.

Child's Name _____ Tuition Cost _____

1. We understand that Joyful Noise Preschool is a Christian based learning facility and that the school does observe and celebrate Christian holidays. We follow the Franklin County School District calendar. All 2, 3, and 4 year old children will attend chapel as scheduled each week.
2. It is understood and agreed upon that the church and Preschool staff are hereby released from any and all claims or financial responsibilities arising out of accidents through no fault of the school or teachers. This includes, but it not limited to, behavioral incidents that may occur with an unruly child.
3. It is understood that this Preschool is not licensed through the state.
4. To cooperate with the school, seeing that our child is in a good state of health every day that he/she attends. We will keep him/her at home if he/she shows symptoms of cold, flu or disease. We will report any contagious disease.
5. We understand that tuition is based on yearly costs and is divided into ten (10) equal payments. We agree to pay on the first week of each month the following tuition.

Parents Signature _____ Date _____

A newsletter will be sent out this summer with information about the open house, along with the coming school year calendar. If you need to get in touch with me for any reason, please call my cell phone: 704-460-2806. Thank you, and we look forward to seeing you this fall!

JOYFUL NOISE PRESCHOOL ENROLLMENT FORM

Child's Name _____ Sex _____ SSN# _____

Address _____

Street

city

state

zip

Parents Name(s) _____

Are parents together: Y or N _____ Who does child live with? _____

Home Phone _____ Mom's Cell # _____

Dad's Cell# _____

Child's date of birth _____ Place of birth _____

Mother's Employer's Name and Phone# _____

Father's Employer's Name and Phone# _____

Email address for preschool information: _____

Other children in family:

_____ sex _____ Age _____ sex _____ Age _____

_____ sex _____ Age _____ sex _____ Age _____

Person to contact in case of emergency (other than parents)

_____ relationship _____ phone _____

_____ relationship _____ phone _____

Child's Physician _____ phone _____

Allergies (please list) _____

Any serious illness, operations or physical disabilities? _____

Does child have problems with speech? _____ hearing? _____ sight? _____

Is child on regular medication? Y or N _____ If yes, explain and list medication and schedule _____

List any person authorized to pick up your child from Preschool

_____ relationship _____ phone _____

_____ relationship _____ phone _____

JOYFUL NOISE PRESCHOOL EMERGENCY MEDICAL INFORMATION FORM

Child's Name _____

Age _____ Date of Birth _____ Male _____ Female _____

Address _____ phone number _____

Parents/Guardian _____

Work Phone _____ Cell Phone _____

Other emergency contact people should you not be reached _____

Family Doctor _____ phone _____

Family Dentist _____ phone _____

Health insurance provider _____ group number _____

Policy Holder Name _____

Food/Drug Allergies _____

Medications currently taking _____

Date of last Tetanus shot _____

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or a representative of Royston First United Methodist Church to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being, and I further understand that any related expenses are my responsibility.

Signed _____

Date _____

JOYFUL NOISE PHOTOGRAPH PERMISSION FORM

Dear Parents,

Throughout the school year we take many photos of our children in classroom activities, field trips, playground activities, etc. On occasion, we may also submit photos of special events to the newspaper or to the church's website. Please note that photos of children submitted to the website will not have names posted. Please fill out and sign the form below and return with this registration packet.

YES _____ NO _____ I give Permission to the staff of Joyful Noise Preschool to take photos of my child to be included on the school's facebook page.

YES _____ NO _____ I give permission for my child's photo t be submitted to the local newspaper, possibly with name included.

YES _____ NO _____ I give permission for my child's photo, without name, to be posted on the church website page.

CHILD'S NAME _____

PARENTS PRINTED NAME _____

PARENTS SIGNATURE _____

JOYFUL NOISE PRESCHOOL ALLERGY FORM

If your child has a known allergy, we are now requiring you to fill out this form and sign it. This will be in your child's file.

CHILD'S NAME _____

ALLERGIC TO _____

Has the child had a previous allergic reaction? YES or NO. If yes, please explain: _____

Is the child medicated for the allergy? YES or NO. If yes, please list all medications and the schedule: _____

Does the child have an EpiPen? YES or NO. If yes, please answer following questions:

Will EpiPen be kept in the child's bookbag? _____

What is the expiration of EpiPen? _____

If the child were to have an allergic reaction of any kind at school, do we have permission to treat as needed, including Benedryl and/or transporting them to the local ER? YES or NO, Please explain.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____