



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	\$160/mo.	M-TH
Three Year Olds	5 days/week	\$175/mo.	M-F
Four Year Olds	5 days/week	\$175/mo.	M-F

PLUS \$80.00 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 _____