

JOYFUL NOISE CHRISTIAN CHILDCARE ENROLLMENT FORM

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EMAIL ADDRESS # 2:

EMAIL ADDRESS # 1:

Date of admission _____ Employees initials _____

Child's full name _____

Address _____ Phone _____

Birth date _____

Father _____ Address _____

Home phone _____

Employer _____ Address _____

Work phone _____

Cell phone _____

Mother _____ Address _____

Home phone _____

Employer _____ Address _____

Work phone _____

Cell phone _____

Legal Guardian _____ Address _____

Home phone _____

Work phone _____

Cell phone _____

Family: Names and ages of siblings.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Day's of the week attending Joyful Noise (circle) M T W Th F

Arrival/Departure times M _____ to _____

T _____ to _____

W _____ to _____

Th _____ to _____

F _____ to _____

If schedule varies, please explain

Meals to be received (circle) Breakfast Lunch Snacks

Food allergies _____

Other allergies _____

Child's physician _____ **Phone** _____

Address _____

Hospital preferred for treatment in case of medical emergency _____

Person other than parent to be notified in emergency when parent is not available _____

_____ **Phone** _____ **Address** _____

Does your child have any health problems or special needs? _____

Continuous Medications (med's taken for specific conditions child may have) _____

Will medications need to be administered during your child's day at Joyful Noise? _____

Name of med's and times given _____

Please note your child's interests likes, and dislikes. _____

Does your child have any physical limitations we should be aware of? _____

Can your child indicate his/her bathroom needs? _____

Does your child need help with toileting? _____

Has your child had experiences in childcare before? _____

How does he/she react when you leave him/her with others? _____

Does your child take a daily nap? _____ **How long?** _____

How does your child relate to strangers? _____

What makes your child upset? _____

Is your child frightened by anything? _____

How does your child show his/her feelings? _____

In what ways can we help your child? _____

Additional comments _____

If you are using our facility seasonally please indicate. _____ **to** _____
month month

Start date: _____ (Please note that Joyful Noise cannot hold space on a long term basis unless that space is paid for.)

Parent Signature: _____ **Date:** _____

Thank you for choosing Joyful Noise Christian Childcare for your daycare and preschool needs. We are looking forward to serving you and your family.