



Joyful Noise Christian Childcare
508 Franklin St., Grand Haven, MI 49417
(616) 847-6600

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ENROLLMENT FORM

Child's full name _____

Birth date _____ Phone _____

Address _____

City _____ Zip Code _____

Days 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: _____

Please indicate any special needs or physical limitations your child has:

Please list any chronic health issues or ongoing medications:

ALLERGIES Does your child have any allergies?

Food Allergies: (Please list) _____

Other Allergies: (Please list) _____

ETHNICITY/RACE OF CHILD

Please provide the following information for our Federal Food Program:

Hispanic or Latino? Circle one Yes No

Please circle that which applies to your child:

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White/Caucasian

Does your family currently have any local church affiliation?

Yes No

If you are using our facility seasonally please indicate.

_____ to _____
month month

Desired Start Date:

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

Meals To Be Received

Please circle all that apply

Breakfast

Lunch

Snacks

PARENT/GUARDIAN INFORMATION:

Father _____ Address _____
Home phone _____ Email _____
Driver's Lic. # _____
Employer _____ Address _____
Work phone _____ Cell phone _____

Mother _____ Address _____
Home phone _____ Email _____
Driver's Lic. # _____
Employer _____ Address _____
Work phone _____ Cell phone _____

Legal Guardian _____ Address _____
Home phone _____ Email _____
Driver's Lic. # _____
Work phone _____ Cell phone _____

Family: Names and ages of siblings.

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Date Form Reviewed	Parent or Legal Guardian Initials	Date Form Reviewed	Parent or Legal Guardian Initials	Date Form Reviewed	Parent or Legal Guardian Initials	Date Form Reviewed	Parent or Legal Guardian Initials

POLICIES CONTRACT

Child's name _____

Date _____

FINANCIAL RESPONSIBILITY/CENTER POLICIES

By signing the Enrollment Form and Policies Contract, I acknowledge receipt of the same and indicate my acceptance of the policies contained in this document (as outlined in the Joyful Noise Center Policies at <http://www.JoyfulNoiseKids.com/pdfs/CenterPolicies.pdf>) as a condition of my child's enrollment. I also understand that these policies are subject to change at any time, at the center's discretion.

I certify by my initials that I will be financially responsible for all charges and fees. I understand that, in the event of non-payment, the center may elect to refer my account to a collection agency or may seek other legal measures for non-payment, with all attendant consequences.

PROGRAM FEES:

Payment of weekly tuition is due on or before the first scheduled day of the week. I understand that registration, tuition and additional fees (such as sunscreen and special field trip activities) are subject to change. I will be notified of these changes and agree to pay them as outlined by Joyful Noise.

Parent or Guardian initial

Parent or Guardian initial

RELEASE FROM LIABILITY/MEDICAL TREATMENT

I agree to absolve Joyful Noise Christian Childcare and First Presbyterian Church of Grand Haven, and all of its personnel, from all financial responsibility in case of accident or injury to my child. I further agree that Joyful Noise has my permission to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care **and** in the event that I cannot be contacted immediately.

Parent or Guardian initial

SUNSCREEN AND TOPICAL NON-PRESCRIPTION MEDICATION PERMISSION

I give my permission for the staff at Joyful Noise to apply Rocky Mountain Sunscreen for Kids, SPF 50, as needed. Please see the information sheet in the office or online for further information regarding ingredients and product information.

Parent or Guardian initial

I give Joyful Noise my permission to apply topical non-prescription medications (such as diaper cream, antibiotic cream, anti-itch cream or insect repellent) as needed to my child. To indicate that you would NOT like your child to receive one of the aforementioned topical non-prescription medicines, please cross off the item(s) listed in the parenthesis above.

Parent or Guardian initial

FIELD TRIP PERMISSION

My child has permission to attend field trips with Joyful Noise. I understand that any excursion away from the childcare building is considered a field trip. This includes stroller rides, walking trips, playground trips and bus rides to/from local events.

I understand I am giving Joyful Noise staff permission to take my child on field trips as a normal part of the daily activities. For children in three's class and older: I understand I am giving permission for my child to **ride a bus** to an activity or event **only with prior notification** of these activities or events.

Parent or Guardian initial

PHOTOGRAPHY RELEASE PERMISSION

I hereby release the use of photographs taken of my child to Joyful Noise, for the sole purpose of sharing them with parents and other students, by way of display at school, and on our websites and Joyful Noise blogs, for the convenience and enjoyment of Joyful Noise families. I understand that Joyful Noise would never misuse any photograph taken of my child. I understand I am giving Joyful Noise staff permission to take photographs of my child as a normal part of daily activities.

I permit Joyful Noise to share photos of my child in the additional ways (please initial):

www.Facebook.com _____ Press Media (Grand Haven Tribune, local news) _____

Parent or Guardian initial

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

Parent or Guardian initial

I have read and agree to all of the above statements issued by Joyful Noise Childcare Center. I have read and agree to abide by the Joyful Noise Center Policies located at <http://www.JoyfulNoiseKids.com/pdfs/CenterPolicies.pdf>.

Parent Name (please print)

Parent Name (please print)

Parent Signature

Date

Parent Signature

Date