JOYFUL NOISE
508 Franklin Ave, Grand Haven, MI 49417
(616) 847-6600 | www.JoyfulNoiseKids.com

Enrollment Form

Updated 10/26/26

Child Information

Full Name: _____ Gender: _____

Preferred Name (if applicable): _____ Birthdate: _____

Phone: _____ Address: _____

City: _____

Zip Code: _____

Ethnicity/Race

Please provide the following information for our Federal Food Progam:

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

Circle Meals to be Received:

Breakfast Lunch Snacks

Allergies

Does your child have any allergies? Yes No

Food Allergies: (please list) _____

_____

Other Allergies: (please list) _____

_____

Weekly Attendance (circle days needed): M T W Th F

Arrival/Departure Times:

M: _____ to _____

T: _____ to _____

W: _____ to _____

Th: _____ to _____

F: _____ to _____

If you are using our facility seasonally, please indicate:

_____ to _____
(month) (month)

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

Desired Start Date:

_____

If schedule varies, please explain: _____

Is your child toilet-trained? _____ *Being fully toilet-trained at Joyful Noise means your child is successfully using the toilet for BOTH bladder and bowel movements and wearing underwear every day with minimal to no accidents. Please see our policies at: www.JoyfulNoiseKids.com/pdfs/PottyTrainingPolicies.pdf

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

_____

Please list any chronic health issues or ongoing medications: _____

_____

Parent/Guardian Information

Mother's Name: _____

Address (if different from child): _____

_____

Home/Cell Phone #: _____

Email: _____

Employer: _____

Employer's Address: _____

_____

Work Phone #: _____

Driver's License #: _____

Father's Name: _____

Address (if different from child): _____

_____

Home/Cell Phone #: _____

Email: _____

Employer: _____

Employer's Address: _____

_____

Work Phone #: _____

Driver's License #: _____

Legal Guardian's Name: _____

Address: _____

Home/Cell Phone: _____

Email: _____

Employer: _____

Employer's Address: _____

Work Phone #: _____

Family: Names and Ages of Siblings

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Does your family currently have any local church affiliation? *Circle one*

Yes No

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This institution is an equal opportunity provider.

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