

## 125 Edgewood Road, York, PA 17402 | 717.755.4952 jncp@yorkshirechurch.org | joyfulnoisepreschool.com **Registration**

\_ 2023-2024 School Year \_ 2024-2025 School Year

(Please check which school year you are enrolling)

Please complete both sides of this form and return with a \$30 registration fee. The registration fee is non-refundable unless your child is not accepted due to enrollment limits.

Child's Name:		Male	Female	
Child's Preferred Name:		Birth Date:	Age:	
School District Child Resides	in:			
Mother:		Father:		
Address:				
Home Phone:		Home Phone:		
Cell Phone:				
Work Phone:				
E-mail:				
If a parent cannot be reached in an e	emergency, please provide an			
Alternate Contact Person:		Relationship:		
Address:				
		Work F	Phone:	
Names and Ages of Siblings:				
Does your child speak English	n?lf r	not, what language?		
What language is spoken at h	ome?			
Has your child attended presc	hool before?	Vhere?		

Does your child	d have a church affiliation?	Where?	
List food and/or	r medication allergies:		
Was your child'	's birth premature?		
Did your child r	neet most developmental mile	stones along with his/h	ner peers?
If not, please ex	xplain:		
Do you think yo			so, please explain:
Note any heari			rned about:
How did you be	ecome aware of Joyful Noise C		
	С	lass Session Requeste	d
All class assignme	ents are made in the order they are	received. You can be put c	on a waiting list if your desired class is full.
	3-year-old class, your child must ass is \$115 per month.	be 3 on or before Septe	mber 30, 2023 and be potty trained. Tuition for
	Tuesday	and Thursday	9:00am - 11:30am
To apply for the \$168 per month.		be 4 on or before Septe	mber 30, 2023. Tuition for the 4-year-old class is
	Monday,	Wednesday, Friday	9:00am – 11:30am
	Yes, my 4/5-year-old will at	end Kid's Club on We	dnesdays from 11:30am - 2:00pm
Child	d must bring packed lunch. Cost is \$	10/day (Does not need to	attend every Wednesday to participate.)
A record of	immunizations must be provided	d by August 7, 2023. Thi	s information can be faxed to 717.600.2342
•			s of race, sex or religion affiliation. I understand of accepted due to space limitations.
Signature:		Print Name:	Date:
Office Use:	Amount Received:	Class:	Confirmation Letter:
שמו <del>כ</del> .	AIIIOUIII NECEIVEU.	∪la55.	COMMINIATION LETTER.