

(Appropriate legal custodial paperwork should be attached if parent is not allowed to pick up the child.)

AUTHORIZATION TO PICK UP CHILD

Name, Address And Phone Number Of Two People Who Are Authorized To Pick Up Child:

1. Name: _____ Phone #: _____
Address: _____
2. Name: _____ Phone #: _____
Address: _____

Name, address and phone number of two people to call if parents cannot be reached:

1. Name: _____ Phone #: _____
Address: _____
2. Name: _____ Phone #: _____
Address: _____

EMERGENCY INFORMATION

In the event the parent(s)/legal guardian cannot be reached, please provide the name, address and phone number of two people that can be contracted regarding child:

1. Name: _____ Phone #: _____
Address: _____
2. Name: _____ Phone #: _____
Address: _____

MEDICAL INFORMATION

Physician's Name: _____

Physician's Phone #(s): _____

Hospital or Clinic Preference: _____

Date of last Tetanus Immunization: _____

Allergies or Intolerance to Food or Medications: _____

Medications:

Any other Medical Conditions? _____

Has child been Tested or Diagnosed with Learning Disabilities? Yes No

Does child have any academic weaknesses that concern you? Yes No

Is Child Potty Trained? Yes No

Does child need help in? Dressing/Undressing Eating Washing Hands

What does the child say when he/she wishes to use the toilet? _____

Does Child Have Any Special Fears Or Problems? Yes No
If The Answer Is Yes, Please Explain.

MEDICAL AUTHORIZATIONS

- Joyous Sound Education & Enrichment Center will notify parent/legal guardian immediately if child becomes ill. Upon notification that child has taken ill, the parent/legal guardian agrees to pick up child from Joyous Sound Education & Enrichment Center within one hour of contact.

Signature of Parent/Legal Guardian: _____ Date: _____

- Parent/legal guardian authorizes Joyous Sound Education & Enrichment Center to obtain immediate medical care for child in case of severe illness or accident.

Signature of Parent/Legal Guardian: _____ Date: _____

AUTHORIZATIONS

- FIELD TRIPS**

I authorize child to participate in all field trips.

Signature of Parent/Legal Guardian: _____ Date: _____

- PUBLICITY AND OR MEDIA CONSENT**

I hereby grant permission for the student's name and pictures to be used in various school newsletters, brochures, videos, web sites or other publications to recognize their accomplishments and other school or camp related activities. I relinquish all rights, title and interest in the finished photographs and negatives.

Signature of Parent/Legal Guardian: _____ Date: _____

FINANCIAL AGREEMENT

I _____, am responsible for the tuition/payment and or fees. I understand that all payments are due on the 1st of each month. For payments not received by the 3rd of the month, a late charge will be added to my account. If my account becomes 30 days delinquent, my child/children will not be allowed to attend class until the account is brought current. In addition, JSEEC will attempt to collect all monies owed via garnishments, small claims court/litigation, and other legal actions to the fullest extend of the law. All court fees associated with collection attempts will be paid by the undersigned.

I HAVE READ AND UNDERSTAND ALL ASPECTS OF THE ENROLLMENT PROCESS AND WILL FULFILL MY RESPONSIBILITY AS STATED.

Mother's (Guardian) Signature

Date

Father's (Guardian) Signature

Date

Admission Policy: The Joyous Sound Education & Enrichment Center admits students of any race, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions policies, and other administered programs.

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