

*Religiously Exempt*

*JOYOUS SOUND EDUCATION & ENRICHMENT CENTER*

*(a ministry of Calvary Evangelical Baptist Church)*

*205 Gust Lane*

*Portsmouth, VA 23701*

### ***Student Profile Sheet***

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State/Zip

Home Telephone: \_\_\_\_\_

Name and Address of Church Now Attending: \_\_\_\_\_

List Allergies (Food or Drug): \_\_\_\_\_

Daily Medications: \_\_\_\_\_

Physical Disabilities or Impairments: \_\_\_\_\_

Please list siblings enrolled at JSEEC: Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent /Guardian Information: Marital Status:  Single  Married  Divorced  Separated

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

***In case of an emergency (if parent cannot be reached) please contact:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

#### ***Authorization for pick-up***

(1) \_\_\_\_\_ Phone: \_\_\_\_\_

(2) \_\_\_\_\_ Phone: \_\_\_\_\_

(3) \_\_\_\_\_ Phone: \_\_\_\_\_

(4) \_\_\_\_\_ Phone: \_\_\_\_\_

***\*Appropriate legal custodial paperwork should be attached to student application if parent is not allowed to pick-up the child.***