Sprouts Preschool

Registration Card

Date: _____ Class:_____

Days Attending (please circle choice):

M W Both

Child's Name: _____Birthdate:_____

Address: _____ City, Zip _____ Phone:_____

Mother's Name:_____ Work Phone:_____
Email:_____
Father's Name: _____ Work Phone:_____
Email:_____

Allergies: _____
Person other than parents to call in case of an emergency:

_____
Name Relationship Phone

Acceptance of this form and the non-refundable registration fee of $75 and the first semester's supply fee of $50, assures your child a place at Sprouts Preschool for the 2011-2012 school year. The 1st month's tuition is due on the first day of class.

Registration and Supply Fee Paid/ Amount _____

Check # _____

Date: _____

For Office Use Only:

Starting Date:_____Sibling Discount_____

Enrollment Packet:	Given _____ (date)	Received _____ (date)
Immunization Record	Given _____ (date)	Received _____ (date)
Emergency Medical Care Form	Given _____ (date)	Received _____ (date)
Parent Agreement:	Given _____ (date)	Received _____ (date)