



559-437-3733

# Registration Form

## Fall 2016-2017

Please complete the following form along with registration fee (non-refundable)  
Returning Students- \$30 New Students-\$50

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M F

Mother \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

### Please check preferred days:

Half Day 8:30-12:00

Tuesday/Thursday \_\_\_\_\_

Monday/Wednesday/Friday \_\_\_\_\_

Monday-Thursday \_\_\_\_\_

Monday-Friday \_\_\_\_\_

Full Day 7:30-5:30

Tuesday/Thursday \_\_\_\_\_

Monday/Wednesday/Friday \_\_\_\_\_

Monday-Thursday \_\_\_\_\_

Monday-Friday \_\_\_\_\_

### **Office Use Only**

**Little Sprouts** \_\_\_\_\_ **Bumble Bees** \_\_\_\_\_ **Snap Peas** \_\_\_\_\_ **Super Sprouts** \_\_\_\_\_

What elementary school will your child attend following preschool? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Any specifications:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_