



Registration Form

Fall 2020-2021

559-437-3733

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 _____

What elementary school will your child attend following preschool? _____

How did you hear about our school? _____

Any specifications:

Signature of Parent or Guardian _____ Date _____

Preschool use only: Date paid _____ Amount _____ Check # _____

Office Use Only

Little Sprouts _____ Bumble Bees _____ Snap Peas _____ Super Sprouts _____