



Application for Admission

Child's Full Name _____ Name Called _____

Birthdate _____ Desired Start Date _____

Parent/Guardian	Parent/Guardian
Name	Name
Address	Address
Phone	Phone
Email	Email
Occupation	Occupation

Who does your child livewith? _____

Siblings, Name and Ages _____

Schedule Options:

- Before Care Yes. No. **(Circle One)**
- Full Days Hours: _____ to _____
- 4 Days Hours: _____ to _____.
- Full Time Care Preferred Days: Monday --- Friday
- Part time Care Preferred Days: MWF OR T/TH (Circle Preferred Days)

Is your child currently in daycare / preschool?

If so, why are you leaving your current daycare or preschool?

Tell us about your child (favorite interest, activities, temperament)?

What type of things do you enjoy doing as a family?

What helps your child transition in new settings?

What do you envision for your child's earliest school experience?

Does your child have any allergies, food restrictions, or medical conditions that might impact their time at school?

How did you hear about Sprouting Scholars Preschool?

By signing this document, I acknowledge that I've answered all information to the best of my ability. I also acknowledge that I will pay my \$85 non-refundable registration fee & my deposit (First week's tuition) today. I also acknowledge that I will start on my desired start date and even if I decide not to start, remove my child/children from the program, or services are terminated by the school, my deposit and app fee will be forfeited and if any information needs to be updated, that I will notify the director right away.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Directors Signature: _____ Date: _____