

Sprout Program Registration Form for 2018-2019 Year
(A child may attend one day only (Wednesday or Thursday))

Date: _____

My child will attend Wednesday Class _____

My child will attend Thursday Class _____

Child's First Name: _____

Child's Last Name: _____

Child's Preferred Name to be used: _____

Date of Birth: _____

Address: _____

City: _____ State _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Parent e-mail: _____

Mother's First & Last Name: _____

Father's First & Last Name: _____

Does your child have any allergies? _____

Does your child have any medical problems? _____

Does your child have any fears or behavioral problems? _____