

Mountain Sprouts Enrollment Application 2013/14



Student's Legal Name: _____
(first/nickname) (middle) (last)
 Date of Birth: _____ Gender: _____

Which *days* would you prefer your child to attend?

Monday	Tuesday	Wednesday	Thursday	Friday

Are you flexible with the days you have requested? _____ yes _____ no

What *program* would you like your child to attend?

7:45a-1:30p* 3 yr-olds only (\$38)	7:45a-3:30p (\$48)	7:45a-5:15p (FREE Aftercare)	3:10-5:15p Afterschool Enrichment (\$15)

Parent #1 Information:

Name	Home #	Cell #	Work #

Email: _____

Mailing Address: _____

Parent #2 Information:

Name	Home #	Cell #	Work #

Email: _____

Mailing Address: _____

With whom does the child reside? _____ both parents _____ mother _____ father _____ other

Who else is living in the home?

relationship	name (if sibling, please include age)
1.	
2.	
3.	

Your child will be released ONLY to the person(s) authorized in writing by the custodial parent(s) or legal guardian. Authorized person(s) must be at least 16 years of age. The following people are authorized to remove child from Mountain Sprouts Preschool in the case of illness, accident, or emergency:

name	home #	cell #
1.		
2.		
3.		

Please let us know of any specific needs or information we should be aware of so that we may provide the best possible care for your child:

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Person(s) accepting responsibility for financial obligations:

Name	email address to send invoices

Signature _____ **Print Name** _____

Signature _____ **Print Name** _____

****Please submit application with a non-refundable fee of \$50. Thank You****