

**LITTLE GREEN SPROUTS PRESCHOOL
ENROLLMENT FORM**

Please circle the one that fits your needs

FULL TIME: Monday – Friday 8:00-3:30

AFTERCARE: Monday – Friday 3:30-5:30

Start Date: _____ Last Date of Attendance: _____

Child's Name _____ Nickname _____

Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Mailing Address (if different) _____

Occupation _____ Employer _____

Work Phone _____ Driver's License # _____ Issuing State _____

Email Address _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Mailing Address (if different) _____

Occupation _____ Employer _____

Work Phone _____ Driver's License # _____ Issuing State _____

Email Address _____

Sibling Information

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Home Information

Languages Spoken at Home _____

Does your child have a special blanket or item for naps? _____

What does he/she call it? _____

Home many hours of sleep does your child usually receive at night? _____

Words used for toileting _____

Does your child have allergies (explain)? _____

Any special medical needs? _____

Child's physician _____ Phone # _____

If there are any changes to the above, we will notify Little Green Sprouts Preschool immediately

Parent's signature _____ Date _____

Parent's signature _____ Date _____