Little Sprouts
Chinese Immersion Preschool

REGISTRATION FORM
2018-2019 Academic Year

Littlesproutscip.com
(314) 590-3888

Select Schedule:

[ ] Full Days, Full Week
[ ] Mornings Only, Full Week
[ ] Full Days, MWF
[ ] Mornings Only, MWF
[ ] Full Days, TR
[ ] Mornings Only, TR

Child's Information

Name: _____
First Middle Last

Gender: [ ] Female [ ] Male Date of Birth: ___/___/____ Age on 8/1/2018: _____

Address: _____
Street City State Zip Code

School History: _____

Physician Name: _____ Physician Phone: _____

Allergies/Medical/Other Conditions: _____

_____

Parent / Guardian #1 Information Relationship to Child: _____

Name: _____
First Middle Last

Address: _____
(if different) Street City State Zip Code

Email: _____ Mobile Phone/Text: _____

Employer Name: _____ Work Phone: _____ Best Contact: _____

Signature: _____ Date: _____

Parent / Guardian #2 Information Relationship to Child: _____

Name: _____
First Middle Last

Address: _____
(if different) Street City State Zip Code

Email: _____ Mobile Phone/Text: _____

Employer Name: _____ Work Phone: _____ Best Contact: _____

Signature: _____ Date: _____

Office Use Only:
Date Registration Form Received: ___/___/___ Deposit Check #: _____ Amount: _____
Confirmed Schedule: Y / N / Wait List Information: _____ Initials: _____