

**Official use only:**

Registration Fee Paid \$ \_\_\_\_\_

- Cash
- Check # \_\_\_\_\_
- Credit

Class Placement \_\_\_\_\_

Assigned by \_\_\_\_\_



Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Allergies \_\_\_\_\_

Class Preference (Please circle)

2 Day

3 Day

5 Day

**Sprouts Preschool**  
1153 Gage Blvd.  
Richland, WA 99352

**(509) 627-1109x209**  
**sprouts@hillspringtc.org**



## **2016-2017 Registration Packet**

Dear Families,

Thank you for your interest in Sprouts Preschool! Our preschool is proud to provide quality care and instruction for three, four and five year old children in a loving Christian environment. We see each child as a gift from God, each with his or her own special gifts and talents.

We hope that you will join us at Sprouts this fall, and wish you a year full of God's blessings. Your child's growth is our passion and we are looking forward to sharing, learning, and growing together with you and your child in the coming year!

Please take time to read all the enclosed information carefully. If you have any questions, please feel free to call our office at (509) 627-1109 x209 or email us at [sprouts@hillspringtc.org](mailto:sprouts@hillspringtc.org)!

### **Completed Registration Check List**

- Non-Refundable registration fee (\$70)
- Registration Forms
- Medical Consent Form
- Immunization Record
- Release Form
- September Tuition is due by September 1<sup>st</sup>
- Turn in packet to Hillspring Office

**Thank you!**

## CHILD INFORMATION

All information must be completed before child attends classes

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

Right or Left handed \_\_\_\_\_

Child lives with: (Check all that apply)

\_\_\_\_ Both Parents    Mother \_\_\_\_\_    Father \_\_\_\_\_    Stepmother \_\_\_\_\_    Stepfather \_\_\_\_\_

\_\_\_\_ (Other (explain) \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

## FAMILY INFORMATION

### Parent/Guardian #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

### Parent/Guardian #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

**Siblings** (Please list name and date of birth)

\_\_\_\_\_  
\_\_\_\_\_

### Additional Information

Church Affiliation \_\_\_\_\_

Denomination \_\_\_\_\_

How did you hear about our school?

Child's Name \_\_\_\_\_

\_\_\_\_\_

**Dismissal Authorization**

The following are authorized to remove (child's name) \_\_\_\_\_ from school:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contact**

If we cannot reach you in the event of an emergency, list **three** persons who have permission to pick up your child or act on behalf if we cannot reach you:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent emergency contact information:** \_\_\_\_\_

List any person(s) who has/have been denied legal permission to pick up your child:

\_\_\_\_\_

**Please** give specific instructions as to how to contact you during school hours:

\_\_\_\_\_

What type of play does your child prefer? (Please circle all that apply)

- Active                      Quiet                      Indoor                      Outdoor                      Alone
- With a Peer              With an Adult              Dolls                      Crafts                      Dress-Up
- Manipulative              Music                      Imaginative              Trucks                      Blocks

Other: \_\_\_\_\_

Please List any likes, dislikes or fears your child may have:

\_\_\_\_\_

\_\_\_\_\_

## STUDENT MEDICAL CONSENT FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please List any **allergies** your child has and specific exposure instructions below:

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Is there anything about your child (medically) you would like us to know about?

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### Current Immunizations (mm/yr)

Hepatitis B \_\_\_\_\_ MMR \_\_\_\_\_

DTaP/DT/TD \_\_\_\_\_

Polio \_\_\_\_\_ Varicella \_\_\_\_\_

### Child's Physician

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In the event that I cannot be contacted I, the undersigned, authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician. In addition, when that physician cannot be reached, I give my consent so that treatment can be provided by a licensed physician or hospital when deemed immediately necessary or advisable to safeguard my child's health. I waive my right to informed consent of such treatment.

I also give permission for my child to be transported by ambulance. Sprouts Preschool is not responsible for transporting my child to a medical facility.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

**Photo Release  
Agreement**

Name \_\_\_\_\_  
(Last) (First)

Photos of children are used in classrooms, to share with parents and staff and for use in promotional and informational materials (such as brochures or information to Hillspring Church)

Photos without identifying information and photo tags to indicate student, may be used on the Sprouts' website or other electronic media.

I/We \_\_\_\_\_ hereby grant permission for Sprouts to take photos of My/our child \_\_\_\_\_ and use his/her photo or his/her quotes in the classrooms, to share with parents, and use for promotional and informational materials.

(Please initial by your response)

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sprouts Preschool is a ministry of Hillspring Church and is located on the church campus. Hillspring would like to include you in mailings and/or email information about events and activities if interested.**

- Birthdate
- Yes, send me e-mails
- No Thank you

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date