



SPROUTS PRESCHOOL

REGISTRATION FORM

2018-2019 School Year

Child's Name: _____

Child's Birth Date: _____ Child's Age: _____

Allergies: _____

Address: _____

Home Phone: _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____

Phone Number: _____

\$55 Registration Fee enclosed – Guarantees child's spot; non-refundable

\$25 Down Payment enclosed - Holds child's place until June 1st, 2018; non-refundable

Please make checks payable and mail to:

CROSSROADS CHRISTIAN CHURCH

MEMO LINE: SPROUTS PRESCHOOL

1050 GIRDLE ROAD ■ EAST AURORA, NY 14052

For Office Use Only:

Program: 3-year old 4-year old

Paid: \$55 Fee \$25 Down Payment Check # _____ Cash: _____