



Registration Form (One Per Child)

Child's name _____

Child's age: _____ Date of birth: _____ Current Grade _____

Name of School: _____

My child mostly needs help in (subjects): _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent cell phone: (_____) _____

Home e-mail address: _____



Food Allergies or other Special needs: _____

In case of emergency, contact: _____

Phone: _____ Relationship to child _____

Authorized Individuals picking up child: Name and Phone Number:

1. _____

2. _____

Unauthorized Individuals: _____

Insurance Information: Does Student have health Insurance (ex. Private insurance, KidCare, Medicaid)?

If yes, Insurance type/Policy# _____

Parent/Guardian Signature: _____ Date: _____

REGISTRATION

CHILD INFORMATION



Sprouts
Growing and Learning