

For Office Use Only

Paperwork Date: _____

Registration Fee Paid: _____

Allergies Y N

Kouts Sprouts Preschool and Daycare Preschool Registration

koutssproutspreschool@yahoo.com

<http://koutssproutspreschool.weebly.com>

Kouts Christian Church

208 S. Polland Ave.

Kouts, IN 46347

Child's Name: _____

Name that you would like your child to write in class: _____

(This is also what we will call your child in class and teach them to write)

Gender: M F

Birthday: _____ Age by August 1, 2024: _____

Elementary school your child will attend (after PreK): _____

Home Address: _____

City, State ZIP: _____

Email: _____

Allergies: _____

Daily Medications: _____

Child lives with: _____ Mother _____ Father _____ Other

Parents are: _____ Married _____ Single _____ Other

Father (Guardian): _____

Phone Number: _____ Occupation: _____

Mother (Guardian): _____

Phone Number: _____ Occupation: _____

Who would you prefer we call first in an emergency: _____

REGISTRATION:

_____ Beginner Preschool **ONLY** (3-4 year olds)

M/W or T/TH

Please choose one and we will do our best to honor your choice

_____ Pre-K Preschool **ONLY** (4-5 year olds)

M/T/W/TH

_____ Beginner Preschool **WITH** Daycare

Please specify which days on the chart below

_____ Pre-K Preschool **WITH** Daycare

Please specify which days on the chart below

Available Add On Fees:

When registered for PRESCHOOL ONLY, we have an Early Drop Off option:

2 Day Early Drop Off (7am) with NORMAL Pick Up after preschool: \$40/month

4 Day Early Drop Off (7am) with NORMAL Pick Up after preschool: \$80/month

You MUST be pre-registered for this service at time of enrollment.

Beginner Sprouts Ages 3-4	2 Day Preschool ONLY (M/W or T/TH)	9am-11:30am	\$125/month
	2 days Preschool (M/W) or (T/TH) WITH 2 days Daycare (M/W) or (T/TH) Preschool days MUST be Daycare days	9am-11:30am 7am-6pm	\$80/week
	2 days Preschool (M/W) or (T/TH) WITH 3 days Daycare (2 days associated with preschool plus one more day specified at registration)	9am-11:30am 7am-6pm	\$120/week
	2 days Preschool (M/W) or (T/TH) WITH 4 days Daycare (M/T/W/TH)	9am-11:30am 7am-6pm	\$150/week
Pre-K Sprouts Ages 4-5	4 Day Preschool Only (M/T/W/TH)	8:15am-11:45am	\$145/month
	4 days Preschool WITH 2 days Daycare (days must be specified at registration)	8:15-11:45 7am-6pm	\$85/week
	4 days Preschool WITH 3 days Daycare (days must be specified at registration)	8:15-11:45 7am-6pm	\$115/week
	4 days Preschool WITH 4 days Daycare	8:15-11:45 7am-6pm	\$135/week

APPROXIMATE TIMES IF REGISTERED FOR MORE THAN JUST PRESCHOOL

Times	Monday	Tuesday	Wednesday	Thursday
Drop Off				
Pick Up				

A \$50 non-refundable Registration Fee must be included with your Kouts Sprouts Preschool and Daycare Registration Form to hold your spot UNLESS your child attends daycare throughout the summer.

Please make checks payable to Kouts Sprouts Preschool and Daycare

HEALTH HISTORY:

Important Medical Notes or Instructions:

Siblings and ages:

Do you feel that your child has any speech or other developmental delays? If so, what are they? Would you like to meet with a teacher about them?

Does your child show any aversion to sensory stimuli such as loud noises, lighting, smells, or foods?

EMERGENCY CONTACTS AND APPROVED PICK UPS (not including parents already listed)

First Contact:

Name: _____ Relationship to child: _____

Primary phone: _____

Second Contact:

Name: _____ Relationship to child: _____

Primary phone: _____

Third Contact:

Name: _____ Relationship to child: _____

Primary phone: _____

KOUTS SPROUTS PRESCHOOL AND DAYCARE HANDBOOK AGREEMENT:

We ask that you read the KSPD Student Handbook thoroughly before registering. It answers many questions that you may have.

I have received and read the KSPD Student Handbook. I agree to follow the rules, regulations, and procedures of Kouts Sprouts Preschool and Daycare.

(Signature of Parent/Guardian)

(Date)

GENERAL PERMISSION:

I, _____ give permission for my childcare providers to:

- Allow my child to play in water while being supervised.
- Give my child an occasional sweet treat, such as candy, ice cream, etc.
- Assist my child with toilet training procedures/problems.

(Signature of Parent/Guardian)

(Date)