

🍃 2021-22 School Year Registration

Hello, families!

We are so happy that you are interested in joining us at Little Sprouts, and look forward to getting to know your little ones and your families!

Attached are Registration forms for Preschool Programming and for Family Play Groups, and required Emergency Forms specific to each program.

Please print & complete all applicable forms, include payment in the form of check/money order, and photocopies of your child(ren)'s Birth Certificate and Immunization Record. Completed forms can be returned via mail, or dropped off in person at Central United Methodist Church from 1:00-2:00 PM on Monday 5/17, or from 1:00-2:00 PM on Tuesday 5/18.

If you have any questions, please feel free to contact us!

♥ Mary Boynton- Preschool
Mboynton59@comcast.net

♥ Monica Hungerford- Play Groups
hungerfordmonica@gmail.com



🍀 2021-22 PRESCHOOL ♡ Registration

☐ Preschool Threes ♡ - Tuesday/Thursday 9:00-11:30

Tuition \$1050/year...Deposit of \$150 required with registration

Check or money order only, payable to CUMC with "Little Sprouts" in the memo line

☐ Preschool Fours ♡ - Monday/Wednesday/Friday 9:00-Noon

Tuition \$1890/year...Deposit of \$225 required with registration

Check or money order only, payable to CUMC with "Little Sprouts" in the memo line

Child's Name: _____ Birthdate: _____

Child's Home Address: _____

Parent/Guardian Name: _____

Contact #: _____ May we text you? Y / N

E-Mail Address: _____

Parent/Guardian Name: _____

Contact #: _____ May we text you? Y / N

E-Mail Address: _____

Check #: _____ Amount: _____

Please print & complete both the registration and emergency form,
enclose a photocopy of your child's birth certificate
& immunization record, and mail to:

Waterford CUMC
Attn: Little Sprouts Registration
3882 Highland Road Waterford, MI 48328

♡ Thankyou! Your registration will be confirmed via e-mail ASAP! ♡

2021-22 PRESCHOOL Emergency Form

Child's Name: _____ Birthdate: _____

Child's Home Address: _____

Parent/Guardian Name: _____

Contact #: _____ May we text you? Y / N

E-Mail Address: _____

Parent/Guardian Name: _____

Contact #: _____ May we text you? Y / N


E-Mail Address: _____

ALLERGIES or Other Health Concerns: _____

* We will contact you for further discussion/instructions!

Pediatrician Name: _____ Phone #: _____

May your child be photographed for classroom use/display? Y / N

 In the event of an emergency, parents/guardians listed above will be contacted. Please indicate below if there are others that we may contact and release your child to if those listed above are unable to be reached:

Name: _____ Relationship: _____

Contact #: _____

Name: _____ Relationship: _____

Contact #: _____

♥ WE ARE LOOKING FORWARD TO GETTING TO KNOW YOUR CHILD AND YOUR FAMILY! ♥

🍀 2021-22 PLAY GROUP ♡ Registration

First Families ♡ – For families with children between the ages of birth-3, accompanied by a grown-up.

Monday 9:30-11 Tuesday 9:30-11 Thursday 9:30-11 Friday 9:30-11

Tuition: \$130 per FAMILY, paid in full upon registration.

Please include all children who will be attending on registration form.

Check or money order only, payable to CUMC with "Little Sprouts" in the memo line

Child's Name: _____ Birthdate: _____

Additional

Child(ren)'s Names: _____ Birthdate(s): _____

Child's Home Address: _____

Parent/Guardian Name: _____

Contact #: _____ May we text you? Y / N

E-Mail Address: _____

Will another adult (sitter/grandparent/etc.) be bringing your child(ren)?:

Name: _____

Contact #: _____ May we text them? Y / N

E-Mail Address: _____

Check #: _____ Amount: _____

Please print & complete both the registration and emergency form,
enclose photocopies of your child(ren)'s birth certificate(s)
& immunization record(s), and mail to:

Waterford CUMC

Attn: Little Sprouts Registration

3882 Highland Road Waterford, MI 48328

♡ Thankyou! Your registration will be confirmed via e-mail ASAP! ♡

🍀 2021-22 PLAY GROUP ♡ Registration

☐ First Friends ♡ For 2 ½-3-year-olds, accompanied by a grown-up.

Wednesdays 9:30-11:00

Tuition: \$130 per CHILD, paid in full upon registration.

Please include all children who will be attending on registration form.

Check or money order only, payable to CUMC with "Little Sprouts" in the memo line

Child's Name: _____ Birthdate: _____

Child's Home Address: _____

Parent/Guardian Name: _____

Contact #: _____ May we text you? Y / N

E-Mail Address: _____

Will another adult (sitter/grandparent/etc.) be bringing your child?:

Name: _____

Contact #: _____ May we text them? Y / N

E-Mail Address: _____

Check #: _____ Amount: _____

Please print & complete both the registration and emergency form,
enclose photocopies of your child's birth certificate and
immunization record, and mail to:

Waterford CUMC
Attn: Little Sprouts Registration
3882 Highland Road Waterford, MI 48328

♡ Thankyou! Your registration will be confirmed via e-mail ASAP! ♡

2021-22 PLAY GROUP Emergency Form

Child's Name: _____ Birthdate: _____

Additional Child(ren)'s Name(s) & Birthdates:

Parent/Guardian Name: _____

Contact #: _____ May we text you? Y / N

E-Mail Address: _____

Do you or your child(ren) have ALLERGIES or Other Health Concerns?

* We will contact you for further discussion/instructions!

EMERGENCY CONTACT:

Please indicate below, someone that we might contact should you experience an emergency while at play group.

Name: _____ Relationship: _____

Contact #: _____

♥ WE ARE LOOKING FORWARD TO GETTING TO KNOW YOUR CHILD AND YOUR FAMILY! ♥