

**Super Sprouts Preschool at Christ Community United Methodist Church  
205 N. Duffy Road  
Butler, PA 16001**



**Application for Admission**

A non-refundable registration fee of \$30 must accompany this application and tuition is due by August 1<sup>st</sup>. (Registration Fee returned only if the program is not able to enroll child)

Child's Full Name:

Name child prefers to be called:

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Please circle: Male / Female

School District and Elementary your child will attend for Kindergarten:

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Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Age as of Sept. 1<sup>st</sup>: \_\_\_\_\_

**\*\*\*\*Child must be potty trained by Sept. 1\*\*\*\***

Please circle class you are applying for:

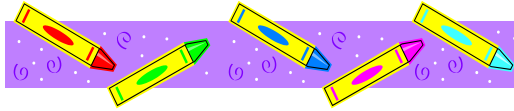
**Pre-K class (4-5 year old)** Mon, Wed, Fri – 9:00am – 11:30am  
\$110.00 per month

Do you have a need/interest in Lunch Bunch (Enrichment) Program?  
Offered 11:30 a.m. – 1:30 p.m. for \$7.00  
11:30 a.m. – 4:00 p.m. for \$12.00

**3-4 year old Program** – Tues, Thurs 9:00am – 11:30am  
\$80.00 per month

Do you have a need/interest in Lunch Bunch (Enrichment) Program?  
Offered 11:30 a.m. – 1:30 p.m. for \$7.00

# Super Sprouts Enrollment Form



Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

(Contact info if different than Mother)

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Can we text you at one/ both cell phone numbers? Yes / No. If only one, which number?

\_\_\_\_\_

E-mail we can contact parent/guardian: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Emergency Contact Information

In case of emergency and we are unable to reach either parent:  
(These contacts must be LOCAL and who you give your permission for child to be released.  
Continue on back if needed.)

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

**In the event of an emergency and the parents cannot be contacted, do you permit your child to be transferred to Butler Memorial Hospital? Circle one: yes / no**

If no, please provide alternate instructions:

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Does your child have any allergies, health problems, or health issues we should be aware of?

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### **Questionnaire**

By answering the following questions you will help us to better serve and understand your child's individual needs. The survey is confidential and is optional.

Does your child have any special needs we need to be aware? Yes / No

If yes, please explain \_\_\_\_\_

Please note any interests or favorites your child has such as hobbies, sports, shows, colors, etc.:

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Please list any fears your child may have such as noises, animals, separation, etc.:

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Please list any additional information you would like to share that would help us to better teach and serve your child:

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Would you be able or interested to volunteer your time or talents to the class? If so please describe:

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