



755 Central Avenue  
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Phone Number: 908 665 2755  
Website: [www.sproutlingschildcare.com](http://www.sproutlingschildcare.com)  
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## Pre Registration Form

Child's Name: _____	Birthdate: _____
Child's Name: _____	Birthdate: _____
Child's Name: _____	Birthdate: _____
Today's Date: _____	
Contact Information:	
Parent Name: _____	Home Phone: _____
Mailing Address: _____	
Cell Phone: _____	
Email address: _____	
Preferred contact method: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	

Program Information:
Please select your program. If you need different programs for each of your children, please indicate the child's name next to the program you are selecting.
<input type="checkbox"/> Full Day Childcare: <input type="checkbox"/> 5 days <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days
For Summer/Kindergarten please use separate form.
<input type="checkbox"/> Before Care <input type="checkbox"/> After Care:
Elementary School (for school age programs): _____
Days requesting: _____
Desired Start Date: _____

To reserve space on the waiting list, there is a \$50 fee per family, to be credited towards your \$150 registration upon enrollment.