LEARNING POD

Little sprouts

PROGRAM INTEREST

APPLICATION FORM

Child's Information

Child's Name:

DOB: / / Current Grade Level:
(DD/MM/YYYY)

Parent/Guardian Information

Parent/Guardian Full Name:

DOB: / / Relationship to Child:
(DD/MM/YYYY)

Home Address:

Phone Number: Email Address:

Program Interest

PROGRAM(S) OF INTEREST (CHECK ALL THAT APPLY)

- ☐ Learning Pod/School Age Program - Full Time
- ☐ Learning Pod/School Age Program - Part Time
- ☐ Learning Pod/School Age Program - Half Days
- ☐ Drop-In Care
- ☐ Daycare - Full Time
- ☐ Daycare - Part Time
- ☐ Daycare - Half Days

Preferred Schedule:
Days & Hours

Desired Start Date: / /

Length of Care Needed (if applicable):

Child Needs & Readiness

Is your child potty trained(if applicable) ? ☐ Yes ☐ No

Any allergies or dietary restrictions? ☐ Yes ☐ No

If yes, explain:

Any medical, developmental, or behavioral considerations we should be aware of? (Optional)

Has your child attended another program or daycare before?

- ☐ No
- ☐ Yes

If yes, please describe:

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Additional Information

How did you hear about Little Sprouts?

What are you hoping for in a childcare/learning program?

Any questions or notes you'd like to share with us?

About Your Child

What are your child's strengths or interests?

What are your child's strengths or interests?

Acknowledgment

☐ I understand this form is not a guarantee of enrollment and is used to determine availability and program fit. By submitting this application, I understand that this form expresses interest only and does not guarantee placement in the program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____