LEARNING POD

Little sprouts

ENROLLMENT

APPLICATION FORM

Child's Information

Child's Name:

DOB: / /
(DD/MM/YYYY)

Age:

Gender:

Primary Language:

Home Address:

Parent/Guardian Information #1

Parent/Guardian Full Name:

DOB: / /
(DD/MM/YYYY)

Relationship to Child:

Home Address:

Phone Number:

Email Address:

Parent/Guardian Information #2

Parent/Guardian Full Name:

DOB: / /
(DD/MM/YYYY)

Relationship to Child:

Home Address:

Phone Number:

Email Address:

Emergency Contact

Must be different from parent/guardian when possible:

EMERGENCY CONTACT #1:

Full Name:

Relationship to Child:

Phone Number:

EMERGENCY CONTACT #2:

Full Name:

Relationship to Child:

Phone Number:

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APPLICATION FORM

Authorized Pickup/Drop-off Persons

Photo ID required at pick-up

AUTHORIZED - PICKUP/DROP-OFF

Full Name:

Relationship to Child:

Phone Number:

AUTHORIZED - PICKUP/DROP-OFF

Full Name:

Relationship to Child:

Phone Number:

Program Information

Program Enrolled In:

Schedule:
Days & Hours

Start Date: / / Term:

Tuition Rate:

Registration Fee Paid: ☐ Yes ☐ No

Health & Medical Information

Pediatrician/Healthcare Provider Name & Phone:

Known Allergies (food, medication, environmental):

Dietary Restrictions:

Chronic Medical Conditions:

Medications (attach medication authorization form if applicable):

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Immunizations & Health Records

Immunization record attached ☐ Yes ☐ No

Exemption form attached (if applicable) ☐ Yes ☐ No

Date of Last Physical: / /

Toileting & Development

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

Any toileting needs or considerations?

Any developmental, learning, or behavioral considerations?

Permissions & Consents

(Initial or check each)

□ Emergency Medical Treatment Authorization Form
□ Photo & Video Permission (per policy)
□ Illness Policy Agreement
□ Nap Consent Form
□ Clothing/Personal Item Policy Form
□ Emergency Form
□ Over The Counter Medication Authorization Form
□ Meals & Snack Form
□ Emergency Contact Form
□ Authorized Pick-up Form
□ Technology use acknowledgment
□ Tuition Form
□ Program & Term Form
□ Non-discrimination acknowledgment
□ Pets-in-home disclosure acknowledgment
□ Sunscreen permission

ENROLLMENT

APPLICATION FORM

Policies & Handbook Acknowledgment

□ I have received, read, and agree to follow the Little Sprouts Parent Handbook and all policies, including tuition, illness, behavior, discipline, and termination.

I agree that everything filled above is current and truthful. I agree that filling this application for enrollment allows Little Sprouts Learning Pod and Daycare to take in my child for services such as daycare or homeschool assistance.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____

Date: _____