



## 2021-2022 Registration

Student Name: \_\_\_\_\_ Name used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Please Circle:    Male    Female

Age as of August 31<sup>st</sup> 2021 \_\_\_\_\_

### Class Options:

Days per week	Monthly Tuition
2 Day	\$225
3 Day	\$275
4 Day	\$340
5 Day	\$375

Ones/MMO:        M/W \_\_\_\_\_ M/W/F \_\_\_\_\_

Twos:             T/Th \_\_\_\_\_ M/W/F \_\_\_\_\_ M-F \_\_\_\_\_

Threes:          T/Th \_\_\_\_\_ M/W/F \_\_\_\_\_ M-F \_\_\_\_\_

Fours:            M-Th \_\_\_\_\_ M-F \_\_\_\_\_

Please check the class you would like to enroll your child in. The 5-day M-F Twos and Threes classes are a combination of the two and three day programs, and some activities may be repeated. Children must be the appropriate age for the class by August 31<sup>st</sup>, 2021.

A **non-refundable** registration fee is due at the time of registration. This fee is equal to one month's tuition and is a separate administration fee that does not count toward tuition. Checks can be made payable to Little Sprouts at Six Forks. Monthly tuition is due by the 15<sup>th</sup> of each month, from August until April. There is a late fee of \$5.00 a day for every day late after the 15<sup>th</sup> of each month.

A current medical form and immunization record must be turned in to the preschool office by August 9<sup>th</sup>. I understand that this preschool does not accept any exemptions for immunizations.

I understand and consent to the above information and wish to enroll my child in Little Sprouts at Six Forks Preschool for the 2021-2022 school year.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Child's Date of Birth \_\_\_\_\_ Age on 8/31/2021 \_\_\_\_\_ Please Circle: Male Female

Home Address \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ / \_\_\_\_\_  
Mom Dad

Mother's Name \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Phone \_\_\_\_\_ Best Daytime Contact Number \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Phone \_\_\_\_\_ Best Daytime Contact Number \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

### **Emergency Care Information**

Physicians Name/Practice: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist Office: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

Please list any allergies or special concerns: \_\_\_\_\_

Please give us any additional information concerning your child that will be helpful in making the preschool hours a positive experience. (Examples: favorite people, toys, activities, food, eating or sleeping habits)

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### **Emergency Contact and Pickup Authorization:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If someone other than the typical parent/guardian is picking up your child, please contact the preschool directly to let us know that someone else will be picking up your child. This person may be asked to show ID.

Is there anyone who is NOT authorized to pick up this student from Little Sprouts Preschool? Yes No (circle one)

If YES, who may NOT pick up this student? \_\_\_\_\_

### Additional Information and Permissions

Little Sprouts at Six Forks' Preschool Classes for ages 2+ are from 9:30-1:15. All children bring their own lunch and healthy snack from home each day.

MMO/Ones classes will run 9:30-12:30 through December, and 9:30-1:00 January through May.

We follow the Wake County Schools age cut-off date of August 31st for enrollment. We also follow Wake County School inclement weather decisions, including closings and delays.

Permissions for – Child's Name: \_\_\_\_\_

#### **Can your information be listed on the class roster?**

We will share a class roster for each classroom that includes the name of each child's parent address, email and phone number. Please indicate your preference below:

Please include my information \_\_\_\_\_ Please do NOT include my information \_\_\_\_\_

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#### **Field Trip Agreement:**

The child named above has our permission to go on field trips during the school year. The teacher or director will advise me in advance of any planned trip and I have the opportunity to decline and keep my child home on the day of the trip. I know I am responsible for transporting my child to and from the field trip or finding another adult of my choosing to do so for me. I also understand that I am responsible for supervising my child during the field trip or finding another adult of my choosing to do so for me.

\*\*If this is not signed, your child may not attend field trips

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **Photography:**

I permit / do not permit (Please circle one) Little Sprouts Preschool to share images of my child with the class and school via Shutterfly Share; which is invitation only. I understand my child's name will not be published with any photos.

\_\_\_\_\_ (initial)

I permit / do not permit (Please circle one) Little Sprouts Preschool to share images of my child with the school and public via social media and the Little Sprouts Preschool website. I understand my child's name will not be published with any photos.

\_\_\_\_\_ (initial)

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Are you a member of Church at Six Forks? \_\_\_\_\_

If not, would you like to receive information from Church at Six Forks? \_\_\_\_\_

#### **For Office Use Only**

Registration Paid	Check #	Check Amount	Date Received	Medical Form Received