



APPLICATION FOR ADMISSION

To apply for enrollment or be placed on the waiting list at Little Sprouts Preschool (LSP), please complete this form and return it with the registration fee (\$ 100.00) to the preschool office.

OUR WAITLIST POLICY: If a space is not available for your child at the time when you submit this application, your child will be placed on the waiting list. When a space for enrollment becomes available for your child, we will contact you via email or phone call. In the event the school is not able to provide a space for my child and you wish to be taken off the waitlist, you will be refunded my registration fee. The completion and submission of this application, along with the registration fee, is required to be added on the waiting list.

CHILD'S FULL NAME: _____ BIRTHDATE: _____ SEX: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

OTHER FAMILY MEMBERS & AGES: _____

PRIMARY LANGUAGE: _____ SECONDARY LANGUAGE: _____

CHURCH AFFILIATION (if any): _____

1. Are you in need of childcare subsidy, scholarship or financial assistance? _____
2. What, if any, alternative childcare is available for your child? _____
3. Has your child had any prior preschool experience? _____
4. Indicate the days and times you expect you will need care per week: _____

NOTE: *The Little Sprouts Preschool hours are 7:30 AM to 5:30 PM, Monday through Friday, serving children 2-6 years old. For part-time, enrollment is for 2 days (Tuesday/Thursday) or 3 days (Monday/Wednesday/Friday).*

Days of the Week: _____ Hours: from _____ AM to _____ PM

5. What is your anticipated start date? _____

6. If you have a special need that you would like Little Sprouts Preschool to consider, please note it below. The information will only be used to help us determine how best to serve your need.

***** FOR OFFICE USE ONLY *****

Date Application Received	Date Space Offered
Date Registration Fee received & Check No.	Waitlist Date