



## APPLICATION FOR ENROLLMENT

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. If you would like to visit the school, please email us at [littlesproutsoakland@gmail.com](mailto: littlesproutsoakland@gmail.com) to schedule an in-person tour of the preschool.

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 waitlist. 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 your child and you wish to be taken off the waitlist, you will be refunded your registration fee. The completion and submission of this application, along with the registration fee, is required to be placed on the Little Sprouts waitlist.

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 partial tuition subsidies, scholarship, or financial assistance? \_\_\_\_\_
2. Has your child had any prior preschool experience? \_\_\_\_\_
3. Indicate the days and times you expect you will need childcare per week at Little Sprouts:

Days of the Week: \_\_\_\_\_ Hours: from \_\_\_\_\_ AM to \_\_\_\_\_  
PM

4. What is your anticipated start date? \_\_\_\_\_
5. If your child has any allergies or 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 child's needs.

\_\_\_\_\_

**NOTE:** *The Little Sprouts Preschool's hours of operation have changed for the current school year. The hours of operation for the current school year are Monday through Friday from 8:00AM to 5:30PM, serving children 2-6 years old. This change shall be in effect for the duration of the 2024-2025 school year. Part-time options are available.*

\_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Date**

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

\_\_\_\_\_ Date Application Received \_\_\_\_\_ Registration Payment Receipt # (Check / Cash)  
 \_\_\_\_\_ Date Registration Fee received \_\_\_\_\_ Waitlist Date