



2024-2025 Application for Enrollment

Registration Information

Student Name: _____ Name Used: _____

Date of Birth: _____ Please Circle: Male Female

Age as of August 31st 2024: _____

Class Options:

Days per week	Toddler Tuition	Twos Tuition	Threes Tuition	Fours Tuition
2 Day	--	\$360	\$350	--
3 Day	\$400	\$390	\$380	--
4 Day	\$425	\$420	\$410	\$410
5 Day	\$450	\$440	\$430	\$430

Toddlers: T/W/Th _____ M-Th _____ M-F _____

Twos: T/Th _____ M/W/F _____ M-Th _____ M-F _____

Threes: T/Th _____ M/W/F _____ M-Th _____ M-F _____

Fours: M-Th _____ M-F _____

Please check the class you would like to enroll your child in. Children must be the appropriate age for the class by August 31st, 2024. Classes will be filled in the order registration applications are received. Little Sprouts reserves the right to cancel any class that does not meet the minimum student enrollment requirements.

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/supply fee that does not count toward tuition. Checks can be made payable to Church at Six Forks. Tuition is divided into 9 monthly payments. Payments are due by the 15th of each month from August until April. There is a late fee of \$5.00 a day for every day late after the 15th of each month.

A current medical form and immunization record must be turned in to the preschool office by August 1st. I understand that this preschool does not accept any exemptions for immunizations. All children entering the 1-year-old class must be walking unassisted, eating table food, and able to drink water from a water bottle. All children entering the 3-year-old class must be working on or fully potty trained by the beginning of the first day of preschool in the fall. All children entering the 4-year-old class must be fully potty trained by the beginning of the first day of preschool in the fall.

I understand and consent to the above information and wish to enroll my child in Little Sprouts at Six Forks Preschool for the 2024-2025 school year.

Parent Signature: _____ Date: _____

CHILD INFORMATION

Child's Name: _____

Child's Date of Birth: _____ Age on 8/31/2024: _____ Please Circle: Male Female
First Middle Last

Home Address: _____

FAMILY INFORMATION

Child Lives With: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Place of Work: _____ Work Phone: _____ Home/Cell Phone: _____

Preferred Email Address _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Place of Work: _____ Work Phone: _____ Home/Cell Phone: _____

Preferred Email Address _____

CONTACTS

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

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? _____

EMERGENCY MEDICAL CARE INFORMATION

Physicians Name/Practice: _____ Office Phone: _____

Dentist Office: _____ Office Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Group/Policy Number: _____

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a Medical action plan attached? Yes ___ No ___ (Medical action plan must be updated on an annual basis and when changes to the plan occur)

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has. _____

List any types of medication taken for health care needs. _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child: _____

I, as the parent/guardian, authorize Little Sprouts @ Six Forks Preschool to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator: _____ Date: _____

ADDITIONAL INFORMATION AND PERMISSIONS

Little Sprouts at Six Forks' Preschool Classes for ages 15 months+ are from 9:25-1:10. All children bring their own lunch and healthy snack from home each day.

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 _____

Field Trip Agreement:

The child named above has our permission to attend 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 of Parent/Guardian: _____ Date: _____

Photography:

I **permit / do not permit** (Please circle one) Little Sprouts Preschool to share images of my child with the class and school via ProCare; 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)

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