



2023-2024 Registration

Student Name: _____ Name used: _____

Date of Birth: _____ Please Circle: Male Female

Age as of August 31st 2023 _____

Class Options:

Days per week	Monthly Tuition
2 Day	\$255
3 Day	\$310
4 Day	\$365
5 Day	\$400

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 31st, 2023. Classes will be filled in the order registration is 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 and supply fee that does not count toward tuition. Checks can be made payable to Little Sprouts at Six Forks. Monthly 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. Students must be fully potty trained prior to the start of the year in the Threes and Fours classes.

I understand and consent to the above information and wish to enroll my child in Little Sprouts at Six Forks Preschool for the 2023-2024 school year.

Parent Signature _____ Date: _____

Child's Name _____
First Middle Last

Child's Date of Birth _____ Age on 8/31/2023 _____ Please Circle: Male Female

Home Address _____

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 _____

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)

Emergency Contact and Pickup Authorization:

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 9:25-1:10. 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.

All students in the Threes and Fours class must be fully potty trained prior to the start of the school year.

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: _____ 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 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)

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