



Enrollment Form

Enrollment Date: _____

Please fill out this form and initial where indicated. Both parents must sign at the bottom.

Child's Name: _____	Birthdate: _____	Male/Female: _____
Expected Enrollment Date: _____		
Home Phone Number: _____		
Street Address: _____		
City: _____	State: _____	
Zip: _____		

Parent #1 Name: _____	
Address (if different from above): _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____
Company Name and Address: _____	

Parent #2	
Name: _____	
Address (if different from above): _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____
Company Name and Address: _____	

Emergency Contacts	
In the event that my child needs to be picked up from the center and I am not reachable the following individuals have permission to pick up my child at any time. I understand every attempt will be made to reach me first.	
Emergency Contact #1: _____	Home Phone: _____
Cell: Phone: _____	Relationship: _____
Emergency Contact #2: _____	Home Phone: _____
Cell Phone: _____	Relationship: _____

Consent For Emergency Medical Treatment

In the event that my child requires medical attention, or becomes ill, while under Sproutlings care, whether at the center or on a field trip, I understand that my child will be treated by Sproutlings staff with standard first aid procedures. I will be notified as soon as possible and will be required to pick up my child for treatment.

If my child requires emergency treatment I give permission for Sproutlings to obtain emergency medical transportation to nearby hospitals and any necessary medical treatment for my child.

Parent #1: _____ Parent #2 _____

Please list insurance information:

Name of carrier: _____ Policy or ID# _____

Name of Healthcare Provider: _____

Address: _____

Phone Number: _____

Allergy Information

My child has the following allergies: _____

I understand that while Sproutlings makes an effort to maintain a peanut-free environment, there is no guarantee that peanut products will not enter the facility. Sproutlings cannot regulate any other allergens. I will not bring or send peanuts or food that expressly contains peanut products into the center. Initials: _____

While the center attempts to provide peanut free products, they may be produced on equipment or in a facility that handles peanut products. My child May May Not have the center snacks. Initials: _____

If my child requires medication for allergic reactions I have provided that medication to the center. Initials: _____

If my child develops an allergy after enrolling, it is my responsibility to provide written documentation of the allergies, and necessary precautions to be taken, to the center. Initials: _____

Field Trips:

I understand that Sproutlings staff may take children on walking trips within the neighborhood.

I give consent for my child to participate in walking trips

I do not give consent for my child to participate in walking trips

My contact information can be (please initial)

_____ given to the Parent Committee representative for my child's classroom

_____ included in the Sproutlings family directory

Tuition Payments

I understand tuition is due by the 3rd day of the month and that a late fee of 3% will be applied after that time.

I understand that Sproutlings fees may increase at any time. I will be given 8 weeks notice of any increase. .

Initials: _____

Security Deposit

I understand that my security deposit holds my child's space prior to enrollment. Once my child has enrolled this deposit will be fully refundable, provided I give two month's written notice before withdrawing my child from the center. Due to the cyclical nature of our enrollment process **if I withdraw from the program for the month of July, August or September, the requirement will be three month's notice.**

For Kindergarten and Afterschool programs, the commitment is required for 10 months of the school year, September through June, to have your deposit returned.

If my child does not enroll at Sproutlings after I leave a deposit, or proper notice as indicated above is not given before withdrawing from the center, my security deposit will be forfeited. Initials: _____

The following people are NOT allowed to pick up the child from the center:

(If a parent, please attach custodial agreement.)

I have received and read the Sproutlings Parent Handbook which includes all center policies, including the Information to Parents document, the Positive Discipline policy and policies for Release of Children, Expulsion, Medication, and Communicable Diseases. Initials: _____

I agree to follow these policies. Initials: _____

I will notify the center in writing or via email if any information on this form changes. Initials: _____

We often take pictures in the classroom for use for decorations in the room, advertising, promotion of our programs (including occasional newspaper and Facebook publication) and to share with the parents.

Please initial below that we may include your child in these photos. Your child's name would never be used or published.

If we do not have permission to publish your child's photo we may have to exclude him/her from group/classroom photos at certain times.

Initials: _____

The above information is correct to the best of our knowledge. It is our responsibility to provide updated information to Sproutlings if any of the information provided above changes while our child is enrolled at the center

Parent Signature: _____

Parent Signature: _____