

# LITTLE SPROUTS WAITLIST APPLICATION

**Thank you for your interest in Little Sprouts! The submission of this form and a \$75 non-refundable waitlist fee per child is required to place your family on the Little Sprouts waitlist. Please call (877) 977-7688 with any questions pertaining to this form.**

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PRIMARY PHONE:** \_\_\_\_\_ Please check: Home  Work  Cell

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**REQUESTED DATE OF ENROLLMENT:** \_\_\_\_\_

**SCHOOL LOCATION PREFERENCE: [You may select up to THREE (3) schools. If applicable, please mark your first choice with "1," second choice with "2," and third choice with "3."]**

Amesbury
Andover
Andover - New England Business Center
Arlington
Belmont
Brighton
Boston - BU Medical Campus
Boston South End
Concord

Dedham
Haverhill - Northern Essex Community College
Haverhill - West Lowell Ave.
Lawrence - Riverwalk
Lowell
Medford
Melrose
Merrimack, NH
Methuen

Nashua
Natick
North Andover
Norwood
Peabody
Stratham
Watertown
Wilmington
Woburn

**CHILD 1**

CHILD NAME	
CHILD DATE OF BIRTH	
CHILD AGE GROUP	Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool/Pre-K <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Age <input type="checkbox"/>
REQUESTED SCHEDULE	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
REQUESTED DAYS	All Weekdays <input type="checkbox"/> OR, Select Days: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>

**CHILD 2**

CHILD NAME	
CHILD DATE OF BIRTH	
CHILD AGE GROUP	Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool/Pre-K <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Age <input type="checkbox"/>
REQUESTED SCHEDULE	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
REQUESTED DAYS	All Weekdays <input type="checkbox"/> OR, Select Days: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>

I, \_\_\_\_\_, understand that a \$75 non-refundable waitlist fee *per child* is required to secure my space on the waitlist. I understand that the waitlist does not automatically guarantee my child admission to the Little Sprouts program but that it does provide priority enrollment over future inquiring families. Waitlist times vary by school, classroom, and availability. I understand that Little Sprouts will contact me when a space for my child becomes available. Tuition rates may differ at the time of enrollment and registration fees apply. I recognize that I am allowed to decline an offered spot one time only and remain on the waitlist but that I will be removed from the waitlist if I decline an offered spot a second time. I will contact Little Sprouts if I no longer wish to be on the waitlist and I understand that waitlist fees are non-refundable.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



## WAITLIST PAYMENT AUTHORIZATION

A \$75 non-refundable waitlist fee per child is required to place your family on the Little Sprouts waitlist. Your position on the waitlist is not confirmed until payment is remitted. Please call (877) 977-7688 with any questions pertaining to this form.

Select one (✓):

### PAY BY CHECK

(✓) I will submit the \$75 non-refundable waitlist fee per child by personal check, cashier's check or money order. The check will be made out to **Little Sprouts** and dropped off at or mailed directly to my first choice school. Please contact (877) 977-7688 or visit [www.littlesprouts.com](http://www.littlesprouts.com) for specific school addresses.

### PAY BY CREDIT CARD

(✓) I hereby authorize Little Sprouts to charge my credit card for the \$75 non-refundable waitlist fee(s) per child.

Cardholder Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Cardholder Billing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

*Little Sprouts accepts Visa, MasterCard, and American Express.*

Card Type:     Visa         MasterCard         American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV Number\* \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE

*\*Attention: Parent/Cardholder*

*For your protection, the cardholder is required to submit the CVV number. The number indicates to the center that the cardholder is the rightful owner of the credit card. The center will not be able to accept your credit card for payments without this number.*