



Early Education & Child Care

## ENROLLMENT APPLICATION

Child's Name:

Application Date:

School Location:

**Little Sprouts Home Office**

354 Merrimack Street, Building 1, 2nd Floor, Suite 270  
Lawrence, MA 01843

(877) 977-7688  
info@littlesprouts.com

# Enrollment Application Checklist

Please fill out and sign all the required forms in this document. In addition to the forms in this document, there are other required forms listed below.

## FORMS INCLUDED IN THIS DOCUMENT

<i>Please complete and sign all forms below</i>	<i>Completed</i>
Child and Family Overview	<input type="checkbox"/>
Medical Information and Physical Description	<input type="checkbox"/>
Transportation Plan and Emergency Contacts	<input type="checkbox"/>
Parental Agreement and Consent Form	<input type="checkbox"/>
Developmental History and Background Information (3 Pages)	<input type="checkbox"/>

## REQUIRED FORMS NOT INCLUDED IN THIS DOCUMENT

<i>Please complete and submit the following additional forms</i>	<i>Completed</i>
Ages and Stages Developmental Screening	<input type="checkbox"/>
Meal Enrollment	<input type="checkbox"/>
Physical Form from Most Recent Physical (usually provided by doctor's office)	<input type="checkbox"/>
Immunization Record (usually provided by doctor's office)	<input type="checkbox"/>
<i>Please complete and submit the following additional forms <b>only if needed</b></i>	
Medication Consent Form	<input type="checkbox"/>
Individual Health Care Plan	<input type="checkbox"/>
Individualized Family Service Plan	<input type="checkbox"/>
Individualized Education Plan	<input type="checkbox"/>
Supportive Information Release Form	<input type="checkbox"/>
Copies of Any Custody Agreements, Court Orders, and Restraining Orders Pertaining to the Child	<input type="checkbox"/>

## FOR SCHOOL USE ONLY

Employee signature:	Date received (mm/dd/yy):
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## CHILD AND FAMILY OVERVIEW

FOR SCHOOL USE ONLY	
Class:	School:
Days Attending:	Date of Admission:
Hours:	Age at Admission:

CHILD INFORMATION		
Child's Full Name:		
Nickname:	Place of Birth:	Primary Language(s):
Date of Birth (mm/dd/yy):	Age at Registration:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

FAMILY INFORMATION			
<b>Parent 1</b>			
Relationship:	First Name:	Last Name:	
Cell Phone:	Secondary Phone:		
I would like to receive school alerts through text messaging: <input type="checkbox"/> No <input type="checkbox"/> Yes, and Cell Phone Carrier:			
Email:	Primary Language:		
Home Address:			
City:	State:	ZIP Code:	
Employer Name:			
Work Address:			
City:	State:	ZIP Code:	
Work Phone:	Hours at Work:		
<b>Parent 2</b>			
Relationship:	First Name:	Last Name:	
Cell Phone:	Home Phone:		
I would like to receive school alerts through text messaging: <input type="checkbox"/> No <input type="checkbox"/> Yes, and Cell Phone Carrier:			
Email:	Primary Language:		
Home Address:			
City:	State:	ZIP Code:	
Employer Name:			
Work Address:			
City:	State:	ZIP Code:	
Work Phone:	Hours at Work:		

**My signature below indicates the above information is complete and correct to the best of my knowledge.**

Parent /Guardian Signature:	Date (mm/dd/yy):
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## MEDICAL INFORMATION AND PHYSICAL DESCRIPTION

MEDICAL INFORMATION	CHILD'S PHYSICAL DESCRIPTION	
<i>Child's Physician Information</i>	<i>Optional: Please attach a recent photograph</i>	
Physician and/or Clinic Name:	Height:	Weight:
Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	Hair Color:	Eye Color:
City:	Race/ Ethnicity:	
State, Zip Code:	Distinguishing Features:	

*Allergies and Conditions (describe in the spaces provided and, if needed, submit a separate Individual Health Care Form to detail specific care):*

Allergies and Their Reactions:

Chronic Health Conditions:

Medical Alerts, Disabilities, or Medical, Behavioral, or Dietary Limitations:

### *Individualized Family Service or Education Plan*

My child has an Individualized Family Service Plan (IFSP) or Education Plan (IEP)

A copy of the plan has been given to my child's teacher in order to accommodate my child's specific needs

### *Physical and Immunizations*

I have submitted my child's last physical record to school

Date of Last Physical (mm/dd/yy):

I have submitted my child's immunization record to school

Date of Last Immunization (mm/dd/yy):

### *Medications*

My child takes regular medications at home (describe reason and potential side effects):

My child will take regular medications at school (please describe reason and potential side effects):  
(must also fill out school medication form)

### *Health Insurance*

Health Insurance Coverage (optional):

Policy #:

In the unlikely event of an emergency requiring medical attention for my child, I understand that every effort will be made to contact me. I authorize staff at Little Sprouts who are trained in the basics of first aid or CPR to give my child first aid or CPR when appropriate. However, if I cannot be reached or if my child needs immediate emergency treatment and a delay would be dangerous to the health of my child, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_ and to secure necessary medical treatment for my child including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen.

Little Sprouts does not discriminate on the basis of a person's religion, race, color, national origin, cultural heritage, sex, marital status or any other factors protected by law. Toilet training is not an eligibility requirement for enrollment. Contact Disability Services to assist with special needs or reasonable accommodation issues.

Parent /Guardian Signature:

Date (mm/dd/yy):

## TRANSPORTATION PLAN AND EMERGENCY CONTACTS

TRANSPORTATION PLAN			
<i>My child will <b>arrive</b> at program by:</i>		<i>My child will <b>depart</b> program by:</i>	
Drop off by (who?):	<input type="checkbox"/>	Pick up by (who?):	<input type="checkbox"/>
Private Transportation ( <i>arranged by parent</i> )	<input type="checkbox"/>	Private Transportation ( <i>arranged by parent</i> )	<input type="checkbox"/>
School Transportation	<input type="checkbox"/>	School Transportation	<input type="checkbox"/>
<i>Arrival Times</i>		<i>Departure Times</i>	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	

Please list below all emergency contacts and persons besides legal guardians. Please also note if the contact is authorized by you to pick your child up from school. It is the policy of Little Sprouts not to release children to anyone not authorized by the parent/guardian in writing (please list additional contacts authorized to pick up child on the back). If a child is protected by a restraining order, please submit the order to Little Sprouts.

EMERGENCY CONTACTS (in order to be contacted)			
<i>Guardian 1:</i>	First Name:	Last Name:	
Cell Phone:	Secondary Phone:		
<i>Guardian 2:</i>	First Name:	Last Name:	
Cell Phone:	Secondary Phone:		
<i>Additional Contact 1</i>			
Relationship:	Name:		
Phone:	City, State:	<input type="checkbox"/> Authorized to pick up child	
<i>Additional Contact 2</i>			
Relationship:	Name:		
Phone:	City, State:	<input type="checkbox"/> Authorized to pick up child	
<i>Additional Contact 3</i>			
Relationship:	Name:		
Phone:	City, State:	<input type="checkbox"/> Authorized to pick up child	
<i>Additional Contact 4</i>			
Relationship:	Name:		
Phone:	City, State:	<input type="checkbox"/> Authorized to pick up child	

**My signature below indicates I have read and consent to ALL of the above information.**

Parent /Guardian Signature:	Date (mm/dd/yy):
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## PARENTAL AGREEMENT AND CONSENT FORM

<b>Child's Full Name (Print):</b>		Yes	No
1. I have received the Program Handbook (download copy at <a href="http://www.littlesprouts.com">www.littlesprouts.com</a> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have been informed of and understand the policies and procedures of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have been informed of the goals and overall philosophy of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am aware that I will be informed of specifics through regular newsletters, letters, daily boards, and emails.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree that it is the responsibility of both the staff of the program and I (we) as parent/guardian(s) to keep an open line of communication and that I will alert the program if anything in this enrollment package changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand that parents/guardians will be asked to evaluate the program using the form provided annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand the payment policies and that I will be charged a late fee if services are not paid for on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand that I must give 4 weeks notice to any schedule changes or withdrawal from the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have been given an opportunity to observe my child interacting in his/her classroom prior to enrollment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am aware and agree to Little Sprouts using screening and evaluation tools in order to ensure that my child is getting the best care possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I give permission for my child to be observed during general classroom visits by guests in which there will be no interactions between my child and the observer and no identification of individual children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I give permission for my child's photograph to be used for <u>internal</u> purposes at Little Sprouts (e.g. posted in classrooms, training materials, school emails, or newsletters).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I give permission for my child's photograph to be used on the Little Sprouts website or Facebook page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I give permission for my child's photograph to be used for <u>external</u> purposes at Little Sprouts (e.g. marketing materials, Little Sprouts or affiliate websites, local newspapers. Note: your child will never be identified by name without your express permission.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I give permission for the following to be used on my child, if needed:			
a. Topical, non-prescription (not applied to open wounds or broken skin) medications such as diaper ointment, powder, lotion, sunblock, etc. Must be provided by the parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Unanticipated, non-prescription and topical, non-prescription medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. General first aid medications and supplies in the event of an injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<b>Initial</b>
<b>Walking Trips</b> I give permission for my child to leave the school for off-site walking trips. This may include taking a walk for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by Little Sprouts staff and will be under proper staff supervision at all times. (All other off-site school field trips will require an individual field trip release form with parental/guardian written permission.)			
<b>Transportation</b> I give permission for my child to be transported for field trips, to and from school sponsored activities, or during an emergency. All field trips will have a specific, separate permission slip. Any time my child is being transported will be under proper staff supervision and while all child care licensing regulations and school policies including minimum-age requirements are met.			
<b>Water Activities</b> I give permission for Little Sprouts to include my child in supervised water activities at the school. I will be given a specific permission slip for all off-site water activities. Water activities will meet state child care licensing regulations. I understand that I must provide water shoes for my child, which must be worn at all times during outside water play.			

**My signature below indicates I have read and completed ALL of the information above.**

Parent /Guardian Signature:

Date (mm/dd/yy):

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION – Page 1 of 3

### SOCIAL RELATIONSHIPS

	Please describe, or indicate “yes,” “no,” or “N/A”
How would you describe your child?	
What are the things you love most about your child?	
What makes your child most happy? Any favorite toys?	
What makes your child most upset?	
How do you comfort or reassure your child?	
What does your child do to comfort him/herself?	
Do you have any concerns with your child’s sight? Hearing? Behaviors? Sensory stimulation?	
Any specific fears we should know about?	
What behavior management techniques do you use at home?	
What experience with other children his or her age does your child have?	
Reaction to strangers?	
Please describe routines you have at home that you would like us to try in school.	
What would you like your child to gain from this experience?	

### DAILY SCHEDULE

Please describe your child’s schedule on a typical day. Please include: awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, bathing, where he/she sleeps, bedtime routines, etc.

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### EARLY EDUCATION & CHILD CARE EXPERIENCE

	Please describe, or indicate “yes,” “no,” or “N/A”
Previous centers in which the child has been in care?	
Child’s experience with their care?	
Please describe how you feel your child will benefit from enrollment at Little Sprouts.	

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION – Page 2 of 3

DEVELOPMENTAL HISTORY			
Does your child...	Please describe or indicate “yes,” “no,” or “N/A”		
Did your child have any prenatal or birth complications? Have a history of colic?			
Did your child ever have any serious illness or history of hospitalization?			
Tell us about your child as an <b>infant</b> . What is/was his or her temperament? Does/ Did he/she have any specific sleep or eating routines? <i>For children infants now:</i> Does he/she use a pacifier? Sleep on his/her back without issue? Formula or breast fed? <i>Note: Little Sprouts follows Infant Sleep Safe Guidelines and a Back-to-Sleep policy for all infants under 12 months.</i>			
Tell us about your child as a <b>toddler</b> . Does/did he or she have any speech difficulties? Aggression issues? <i>For children toddlers now:</i> How mobile is he/she (walking, climbing, stairs, etc.)? What self-help skills does he/she have? Anything else?			
Tell us about your child as a <b>preschooler or kindergartener</b> (if applicable): What topics does he/she seem most interested in learning about? Any signs of struggles learning or with attention? How easily does he/she make new friends? Anything else?			
Does your child have a particularly fussy time of the day? When? How do you handle this time?			
If applicable, at what ages did your child start:	Sitting?	Crawling?	Walking?
Talking?	Potty Training?	Dressing self?	Recognizing own name?

EATING HABITS	
Does your child...	Please describe or indicate “yes,” “no,” or “N/A”
Have any special characteristics or difficulties related to eating?	
Eat in a high-chair or lap? Eat with hands or utensils? Drink from a bottle/cup? Other?	

SLEEPING HABITS	
Does your child...	Please describe, or indicate “yes,” “no,” or “N/A”
Sleep in a crib or bed?	
Become tired or nap during the day? (When? And for how long?)	
Have any special needs when going to bed or waking up? (e.g. stuffed animal, story, mood upon waking, etc.)	
When does your child go to bed at night? Wake up in the morning?	



## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION – Page 3 of 3

TOILET HABITS	
Is your child...	Please describe, or indicate “yes,” “no,” or “N/A”
<input type="checkbox"/> In Diapers	If so, what kind of diapers? Is there any concern with diaper rash? Any specific instructions?
<input type="checkbox"/> Potty Training	If so, how does he/she indicate bathroom needs? What methods are you trying at home? Are you still putting on diapers during parts of the day?
<input type="checkbox"/> Potty Trained	If so, does he/she have accidents? Any specific care instructions we should be aware of?
Does your child have regular or irregular bowel movements? (How many per day?)	

FAMILY INFORMATION (OPTIONAL)		
<i>No information provided will be used in a discriminatory manner. All questions below are optional and will be used only for us to best serve your family and your child. Little Sprouts celebrates diversity and strongly practices an Anti-Bias policy. Knowing more about your family dynamics help us honor all family structures and traditions.</i>		
Child's Siblings:		
Name:	Birth Date:	<input type="checkbox"/> Lives with Child
Name:	Birth Date:	<input type="checkbox"/> Lives with Child
Name:	Birth Date:	<input type="checkbox"/> Lives with Child
Name:	Birth Date:	<input type="checkbox"/> Lives with Child
Other Household Members:		
How would you describe your child's...		
Racial or Ethnic Identity		
Cultural Identity		
National Origin		
Religious Identity		
Does your family identify as (check all that may apply):		
<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Extended Family, Living Together	<input type="checkbox"/> Single-Parent Household
<input type="checkbox"/> Adopted Family	<input type="checkbox"/> Gay/Lesbian Family	<input type="checkbox"/> Limited English
What are your favorite family traditions and celebrations?		

OTHER (OPTIONAL)
Is there anything else you'd like us to know about your child that will help us best serve him/her and your family?

**My signature below indicates I have read and completed ALL of the information above.**

 Parent /Guardian Signature:	Date (mm/dd/yy):
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**THANK YOU!**

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