



Enrollment Application

Child's Full Name:

Application Date:

School Location:

Little Sprouts Home Office
354 Merrimack Street, Building 1, 2nd Floor, Suite 270
Lawrence, MA 01843
(877) 977-7688
inquiries@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"/>
Kaymbu Contact List	<input type="checkbox"/>
Unconventional Schedule Waiver	<input type="checkbox"/>
Developmental History and Background Information (3 Pages)	<input type="checkbox"/>
Payment Policies and Agreement	<input type="checkbox"/>
<i>Please complete based on payment method preference:</i>	
Electronic Funds Transfer Authorization, including copy of voided check (preferred Little Sprouts payment method)	<input type="checkbox"/>
Credit Card Payment Authorization (required for all pay types)	<input type="checkbox"/>

REQUIRED FORMS <u>NOT</u> INCLUDED IN THIS DOCUMENT	
<i>Please complete and submit the following additional forms</i>	<i>Completed</i>
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 <u>only if needed</u></i>	
Meal Enrollment	<input type="checkbox"/>
Ages and Stages Developmental Screening	<input type="checkbox"/>
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):

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 (<i>mm/dd/yy</i>):	Age at Registration:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

FAMILY INFORMATION		
Parent 1		
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:	
Parent 2		
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 (<i>mm/dd/yy</i>):
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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:	
<i>Allergies and Conditions (describe in the spaces provided and, if needed, submit a separate Individual Health Care Form to detail specific care):</i>		
Allergies and Their Reactions:		
Chronic Health Conditions:		
Medical Alerts, Disabilities, or Medical, Behavioral, or Dietary Limitations:		
<i>Individualized Family Service or Education Plan</i>		
<input type="checkbox"/> My child has an Individualized Family Service Plan (IFSP) or Education Plan (IEP)	<input type="checkbox"/> A copy of the plan has been given to my child's teacher in order to accommodate my child's specific needs	
<i>Physical and Immunizations</i>		
<input type="checkbox"/> I have submitted my child's last physical record to school	Date of Last Physical (mm/dd/yy):	
<input type="checkbox"/> I have submitted my child's immunization record to school	Date of Last Immunization (mm/dd/yy):	
<i>Medications</i>		
<input type="checkbox"/> My child takes regular medications at home (describe reason and potential side effects):		
<input type="checkbox"/> My child will take regular medications at school (please describe reason and potential side effects): (must also fill out school medication form)		
<i>Health Insurance</i>		
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 a 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):
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TRANSPORTATION PLAN AND EMERGENCY CONTACTS

TRANSPORTATION PLAN			
<i>My child will arrive at program by:</i>		<i>My child will depart 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

Child's Full Name (Print):

	Yes	No
1. I have read and agree to the program's Parent Handbook (download copy at www.littlesprouts.com).	<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"/>
3. I have been informed of the goals and overall philosophy of the program.	<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"/>
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"/>
6. I understand that parents/guardians will be asked to evaluate the program using the form provided annually.	<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
b. Unanticipated, non-prescription and topical, non-prescription medications	<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"/>
Initial		
Walking Trips 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.)		
Transportation 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.		
Water Activities 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):
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KAYMBU CONTACT LIST

Little Sprouts is **BIG** on transforming early education. Each and every day, we create new ways to improve your child’s education and overall family experience. That’s why we partnered with Kaymbu, an innovative platform that allows teachers to share memorable moments with you throughout the day. Our teachers are able to take pictures of daily activities and fun happenings on their classroom iPad, tag your child, and send the pictures directly to your inbox using the Kaymbu app. Kaymbu has the ability to store multiple contacts for each child, so add on grandpa or auntie, so that they can share in the daily experiences too.

Privacy and security is of utmost importance in managing this sensitive information and media. The Kaymbu system employs leading enterprise-level security for all of its services, exclusively serving the preschool and daycare market across the country. The entire platform is a “closed” system for each school – it is not connected in any way with social media or other public applications. Finally, all information captured and stored in the system will never be used for any other purpose outside of direct communication with families or as dictated by school media policies. However, please note that pictures tagged with multiple children will be sent to each family tagged.

Please select **ONE** statement below (☒):

- I would like to participate in the secure Kaymbu photo system and receive regular photographs of my child as teachers document activities, learning and fun as a method of daily family communication. I also give permission for my child’s photograph to occasionally be sent as a group photo to other families as a method of daily family communication.**
- I do not want to participate in the Kaymbu photo program and understand that I will not receive photo emails of my child.**

CHILD INFORMATION	
Child’s Full Name:	
School:	Classroom:
KAYMBU CONTACTS	
<i>Contact 1</i>	
First Name:	Last Name:
Email:	Relationship:
<i>Contact 2</i>	
First Name:	Last Name:
Email:	Relationship:
<i>Contact 3</i>	
First Name:	Last Name:
Email:	Relationship:
<i>Contact 4</i>	
First Name:	Last Name:
Email:	Relationship:
<i>Contact 5</i>	
First Name:	Last Name:
Email:	Relationship:
<i>Contact 6</i>	
First Name:	Last Name:
Email:	Relationship:
<i>Contact 7</i>	
First Name:	Last Name:
Email:	Relationship:
<i>Contact 8</i>	
First Name:	Last Name:
Email:	Relationship:

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

<div style="display: flex; align-items: center;"> Parent /Guardian Signature: </div>	Date (mm/dd/yy):
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UNCONVENTIONAL SCHEDULE WAIVER

At Little Sprouts, we know that parents want the best for their children, as do we. We strive to encourage and inspire little minds as children develop over the course of their educational journey with us. Deciding which schedule will best suit a family’s needs truly depends upon the individual requisites and goals of the family.

As an educational institution, Little Sprouts’ **conventional schedule** is a 5-day, full-time program that endeavors to provide consistency, routine and repetition for our young friends. Our curriculum builds upon learning from previous days in the week. Independent research asserts that children often react with interest and excitement when they can recognize and practice concepts progressively each day. Conventional scheduling allows our teachers to consistently implement our curriculum and build strong relationships with families and children. Most importantly, it enables children and families to derive maximum value and results from the program.

Certain schools may offer part-time availability, which we deem an **unconventional schedule**. For this reason, if another family seeks a conventional schedule in the space your child occupies, you will be first be given the option to modify your schedule, or risk losing your space in the program. We will make every effort to accommodate the original schedule requested but may need to adjust your schedule depending upon the needs of the community. Although this circumstance is extremely rare, Little Sprouts would provide at least four (4) weeks written notice of any proposed schedule change.

Whether a family selects a part-time or full-time program, Little Sprouts believes that early education is a lasting gift a family can bestow upon a child. Both types of programs offer children an array of new experiences, a social environment, a playful atmosphere, and an opportunity for children to grow inspired by a love of learning.

Select **ONE**
(☒)

<input type="checkbox"/>	<p>Conventional Schedule: <u>I plan to enroll my child in a 5-day, full-day program.</u> By selecting this schedule, Little Sprouts agrees to reserve a full-time space for the child over the duration of the service term. I understand that Little Sprouts requires a four-week (4) written notice for any schedule changes or termination. This notice must be provided to the Director of my school and will not be honored if given to the child’s teacher. I understand that, if my schedule changes from the conventional offering, I assume responsibility for the unconventional schedule waiver below.</p>
<input type="checkbox"/>	<p>Unconventional Schedule: <u>If available at my school, I plan to enroll my child in a part-time program, consisting of reduced daily hours, a reduced number of days, or a combination of both.</u> By selecting this schedule, I understand that this is an unconventional schedule. I am aware that Little Sprouts may request to modify my schedule in the future to maximize care availability in my school community. Little Sprouts agrees to provide four (4) weeks written notice regarding any proposed schedule change. In the event that I am unable to adjust my schedule, I recognize that my space will be forfeited and I may need to seek alternative care. I understand that Little Sprouts requires a four-week (4) written notice for any schedule changes or termination. This notice must be provided to the Director of my school and will not be honored if given to the child’s teacher.</p>

I have read the above and agree to the terms set forth by Little Sprouts.

 Parent /Guardian Signature:	Date (mm/dd/yy):
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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.

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 infant . 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 toddler . 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 preschooler or kindergartener (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?
Talking?	Potty Training?	Dressing self?	Walking?
			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 (<i>check all that may apply</i>):		
<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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ELECTRONIC FUNDS TRANSFER AUTHORIZATION *For Automatic Checking/Savings Deductions through ACH*

Automatic checking/savings account deductions are the preferred tuition payment method of Little Sprouts.

We are pleased to offer you the convenience of automatic tuition payments through Tuition Express. Your payment will be safely and securely processed automatically from your bank account. Tuition Express offers peace of mind that your tuition will be paid on time. To learn more about Tuition Express, receive automatic payment notifications, or review your payment history, please visit www.tuitionexpress.com.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize **Little Sprouts, LLC** (called "SCHOOL" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I authorize the SCHOOL to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I authorize the SCHOOL to use the third party sender, Tuition Express to process all payments. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of United States Law. **Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

ACCOUNT INFORMATION			
<i>Account Holder</i>			
First Name:	Last Name:	Phone:	
Home Address:			
City:	State:	ZIP Code:	
<i>Bank</i>			
Bank or Credit Union Name:			
Branch Address:			
City:	State:	ZIP Code:	
Phone:			
<i>Account</i>			
Account Number:	Routing Number:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

This authorization will remain in full force and effect until I (we) notify the SCHOOL in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Account Holder Signature:	Date (mm/dd/yy):
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from Little Sprouts.

Tuition Express is an assumed business name of Blum Investment Group, Inc.

PLEASE ATTACH A COPY OF A VOIDED CHECK



CREDIT CARD PAYMENT AUTHORIZATION *Required for All Payers*

I hereby authorize Little Sprouts, LLC to **charge my credit card account** if payment through other means lapses or if my account becomes delinquent. I understand and accept that Little Sprouts, LLC will charge my account automatically. The amount charged may fluctuate due to any changes in tuition and/or deposit fee. By signing below, I agree to the above guidelines. (Please fill out below.)

To complete the authorization process, complete the credit card information below (REQUIRED):

Credit card must be either Visa, MasterCard, or American Express.

CREDIT CARD INFORMATION			
<i>Cardholder Information</i>			
First Name:	Last Name:	Phone:	
Billing Address:			
City:	State:	ZIP Code:	
<i>Card Information</i>			
Credit Card Number:			
Expiration Date (mm/yy):	CVV Code:*		
Cardholder Signature:			Date (mm/dd/yy):

***Attention: Parent/Cardholder – CVV Number Required**

For your protection, the cardholder is required to submit the CVV number. The number indicates to the school that the cardholder is the rightful owner of the credit card. The school will not be able to accept your credit card for payments without this number. The CVV number is a unique code on your credit card. On Visa and MasterCard, the code is comprised of the three digits located on the back of your card. On American Express, the CVV number is the four-digit code located above the embossed card number on the front of your card.

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from Little Sprouts, LLC.



Thank You!

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Lawrence, MA 01843
(877) 977-7688
inquiries@littlesprouts.com