

LITTLE SPROUTS WAITLIST APPLICATION

Thank you for your interest in Little Sprouts! The submission of this form and a \$75 non-refundable waitlist fee 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

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 - Industrial Park
Andover - New England Business Center
Arlington
Belmont
Brighton
Boston - BU Medical Campus
Boston - East Berkeley St.
Concord

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

Natick
North Andover
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. I will contact Little Sprouts if I no longer wish to be included on the waitlist and I understand that my \$75 registration fee is non-refundable.

SIGNATURE

DATE



WAITLIST PAYMENT AUTHORIZATION

A \$75 non-refundable registration fee 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 registration fee by personal check, cashier's check or money order. The check will be made out to **Little Sprouts** and mailed directly to the school. If I am interested in the waitlist for multiple schools, the check will be mailed to the school that is my *first choice*. Please contact (877) 977-7688 or visit 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 registration fee. I further agree to pay the 5% charge Little Sprouts incurs from processing my credit card in this manner. (Credit card option *not* available for Arlington, Belmont and Concord locations)

<p>Cardholder Name _____</p> <p>Phone # _____</p> <p>Cardholder Billing Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p><i>Little Sprouts accepts Visa and MasterCard.</i></p> <p>Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Card Number _____</p> <p>Expiration Date _____</p> <p>CVV Number* _____</p>
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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.