

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	Dedham	Methuen
Andover	Haverhill - Northern Essex Community College	Nashua
Andover - New England Business Center	Haverhill - West Lowell Ave.	Natick
Arlington	Hingham	North Andover
Belmont	Lawrence - Riverwalk	Norwood
Brighton	Lowell	Peabody
Boston - BU Medical Campus	Medford	Stratham
Boston South End	Melrose	Watertown
Concord	Merrimack, NH	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 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.

<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, MasterCard, and American Express.</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>

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.*