

Little Sprouts Mother's Day Out
Enrollment Form 2018-2019

General Information:

Child's Name _____ **Birthdate** _____ **Sex** _____

Address _____ **Zip** _____

Phone Number _____ ***Email** _____

Note: A valid email address is an essential part of the communication between parents and Little Sprouts MDO.

Family Information:

Mother's Name _____ **Driver's License** _____

Cell/Home Phone _____ **Work Phone** _____

Occupation _____ **Employer** _____

Father's Name _____ **Driver's License** _____

Cell/Home Phone _____ **Work Phone** _____

Occupation _____ **Employer** _____

Marital Status of Parents _____

Notes: A copy of each parents' drivers license will be kept on file for identification and safety purposes. If divorced and custody has been awarded to or limited from one parent, please provide appropriate court documentation for our records.

If child is adopted, list age at adoption _____ **Is child aware of adoption?** _____

List any sibling(s) and age(s): _____

List any other people living in the home and relationship: _____

Health & Related Issues:

Is your child toilet trained? _____ **Is assistance needed?** _____

What toilet words or phrases does your child use? _____

Does your child have problems with vision, hearing, or speech? _____

If so, what assistance is required? _____

Does your child have any medical, physical, emotional problems, unusual birth-marks (i.e. Mongolian spots) that we should be aware of? If yes, please explain:

Please list food, environmental, or medicinal allergies and what measures need to be taken on our end to keep him/her safe:

Does your child have asthma? _____ **If yes, treatment** _____

Has your child ever had any serious accidents or operations? Explain: _____

Does your child take any medications regularly? _____

Has anything occurred in the last year that has emotionally or physically affected your child? _____

Note: A current copy of your child's immunization records must be on file with us.

Church Background:

Family Church Affiliation/church name _____

Does your child attend church? _____ **Nursery?** _____ **How often?** _____

Note: Little Sprouts uses Bible stories and lessons in our daily schedules.

Emergency/Pick-Up Information:

Who, other than you, is authorized to pick up your child?

Name _____ **Relationship** _____

Phone number _____

Name _____ **Relationship** _____

Phone number _____

Name _____ **Relationship** _____

Phone number _____

Is there anyone, specifically, that is NOT allowed to pick up your child? _____

List at least one person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ **Relationship to child** _____

Address _____ **Driver's License** _____

City _____ **State** _____ **Zip** _____

Home Number _____ **Cell Number** _____

Child's Physician _____ **Phone** _____

By signing below, I agree to pay all fees and late fees. I also agree that Cornerstone Christian Fellowship and Little Sprouts Mother's Day Out will not be financially responsible for any injuries or illnesses that may occur while attending the Little Sprouts Mother's Day Out program unless gross negligence is proved.

Parent's Signature

Date

Little Sprouts Mother's Day Out
Tuition Agreement
Fall 2018/Spring 2019

Child's Name _____

Father's Name _____

Mother's Name _____

Address _____

The undersigned agrees and understands that the services rendered for the Little Sprouts Mother's Day Out program is subject to the program's tuition fee that is based on a nine-month school year. The yearly fee is divided into nine equal installment plans, September through May. The following conditions also apply:

1. All tuition is due and payable in full on the by the third MDO of the month. Little Sprouts will start our school year on September 5, 2018 and end the year on May 22, 2019. We will follow the MISD calendar with exception to the last day of school.
2. Tuition not paid by the 3rd day of MDO of the month will be charged a \$5/day late fee.
3. A 10% discount will be applied to tuition paid in full and up front for the entire year.
4. **To withdraw your child, you must give the director two weeks' written notice.** You will be responsible for paying that month's tuition.
5. In the event the account is turned over to an agency or attorney for collection, the customer (parent or guardian) agrees to pay reasonable attorney fees, plus all attendant collection, or court cost.

Agreed and Understood:

Parent/Guardian's Signature (Father) _____ Date _____

Parent/Guardian's Signature (Mother) _____ Date _____