

NEW!
9:30 AM –
12:00 PM



Developing healthy, joyful, respectful children... One PLAY at a time!

The “Give 7” Enrichment Program (Ages 2- 5)
REGISTRATION FORM 2019-2020

Family Information:

Child’s Name _____ DOB ____/____/____ Male or Female

Child’s Primary Address _____

City _____ State _____ Zip _____

Home Phone _____

Parent 1: Name _____

Cell Phone _____ Email: _____

Parent 2: Name _____

Cell Phone: _____ Email: _____

Emergency Contact Information (Must be someone other than parent)

Name: _____ Relationship: _____ Phone: _____

Is this person authorized to pick up? Yes / No

Authorized Pick-up Persons:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Registration Information: NEW Longer Day – 9:30 AM – 12:00 PM

Annual Registration Fee = **\$40** / Family

Monthly Tuition – Due the 1st of each Month:

1 Day/Week: **\$128**

2 Days/Week: **\$240**

3 Days/Week: **\$325**

4 Days/Week: **\$400**

5 Days/Week: **\$460**

Please check which days you would like your child to attend.

Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

Discounts:

Sibling Discount: 5% off each child’s tuition

Auto Pay Discount: 10% (Enroll in automatic payments & receive 10% off your monthly tuition.)



Health and Social History:

Has your child been diagnosed or treated for any of the following? (Check all that apply)

_____ Allergies _____ Asthma _____ Seizures _____ ADD/ADHD _____ Nut Allergy _____ Other

Please Explain: _____

My Child Requires: _____ Epi Pen _____ Inhaler _____ Special Snack

Family Physician: _____ Phone: _____

Medical Insurance Carrier: _____ Policy #: _____

Does your child have any special needs? _____

Is your child potty-trained? _____

Has your child been to a drop-off program before? _____

What would you like your child to work on this year at the Enrichment Program? _____

The registration fee **must** accompany this registration form and is **non-refundable**. 50% of the first month's tuition (September tuition) **must** accompany this form to reserve a spot. Monthly tuition fees are payable the 1st of the month. Four (4) week cancellation notice required. Waiting List spots will be filled on a first-come, first-serve basis. Make checks payable to **Little SPORT**. _____ (initials)

I agree that my child shall be in good health and free of communicable diseases on the days he/she participates in the program. _____(initials)

I agree to continue to pay tuition if my child is absent from the program due to illness, vacation or any other reasons, unless he/she is formally withdrawn from the program. **No refunds or credits will be given**. Make-up classes will be permitted only if space allows. If the program reaches capacity, make-up classes will no longer be permitted. We strongly encourage you to attend your regularly scheduled days. _____ (initials)

I give permission for LittleSPORT to use any photos and/or videos taken of my child(ren) during the program for marketing purposes. _____ (initials)

I have received and read the Enrichment Program Guidelines.

_____ Date _____

Signature of Parent or Guardian

For Office Use Only

Sept____ Oct____ Nov____ Dec____ Jan____ Feb____ Mar____ Apr____ May____ June____
Registration____