

**NEW
Program!**



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

**The Enriched Learning Program (Ages 3 ½ - 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:

Tuition is due at registration. Payment plan available. (**\$15 service fee** applies for payment plan)

1 day per week - **\$450/semester**

2 days per week - **\$850/semester**

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

Reading Readiness on Wednesdays _____ Math/Science on Thursdays _____

Discounts: Sibling Discount: 5% OFF each child's 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? _____

The tuition fee **must** accompany this registration form and is **non-refundable**. 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 understand that **no refunds or credits will be given**. No make-up classes will 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.

Waiver

In order to participate in various activities at Little SPORT, the undersigned, on his/her own behalf, on the behalf of minors listed above, on behalf of other unlisted minors that may attend under guardianship in the future, and on behalf of any heirs and successors, acknowledges and agrees as follows:

1. The undersigned assumes all risks, known and unknown, associated with participation in activities at Little SPORT and waives all claims for damage to person or property arising from participation. This release and waiver covers risks of death, injury and property loss whether arising from (i) negligence or carelessness on the part of the persons or entities being released, or (ii) other participants, or (iii) defective equipment;
2. The undersigned certifies that he/she and minors in guardianship are physically fit and able to participate in the activities at Little SPORT, and agrees to comply with the rules and conditions of participation expressed or posted at Little SPORT;
3. The undersigned on his/her behalf and on behalf of any heirs and successors releases, holds harmless any authorized entity doing business at LittleSport as to any and all risks as stated in 1) above, or other consequences.

Parent/Guardian Acknowledgement-- The undersigned parent or guardian acknowledges that he/she is, in fact, acting in such capacity and agrees to hold harmless and indemnify all of the parties referred to above of all liability, loss, cost, claim or damage which may result due to any lack of the undersigned to act in such a capacity, and releases all parties on behalf of the minor(s) listed above.

Parent/Guardian: _____

Date: _____

For Office Use Only

Fall Semester

Winter/Spring Semester

Registration _____