

Little Friends Childcare Center**Enrollment Form**

I wish to enroll my child at Little Friends Childcare Center with the following schedule:

Start Date: _____ **Child Age:** _____

Please select one:

- ☐ 5 days a week
- ☐ 3 days a week
- ☐ 2 days a week

Fees due based on days

\$ _____ Tuition weekly

\$ _____ Reg. Fee Annual

My scheduled hours will be:

\$ _____ Total Due at Sign Up

I understand a \$100.00 non-refundable registration fee is required along with submission of the following documents:

- ☐ Child's Record (4-page form) including:
 - Consent for medical treatment
 - Permission to release information
 - Transportation/field trip form
- ☐ Health Statement (Due within 30 days of enrollment)
- ☐ Current Immunization Records
- ☐ Facility Right to View Complaint Statement Form NRS 178

I have reviewed the rates, schedule, late pick-up fees, contracts, and withdrawals as outlined in the parent handbook.

Child's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____