

## ENROLLMENT APPLICATION

LIL'SPROUTS OF ESSEX

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parents: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### PROGRAM DESIRED (PLEASE CHECK CHOICES):

Part-time  Full-Time

Two-day  Three-day  Four-day  Five-day  
T.Th. M.W.F. M.-Th. M.F.

Day's Desired \_\_\_\_\_

Flex Care \_\_\_\_\_

Upon receipt of application, Lil' Sprouts of Essex will contact you with confirmation of your child's placement.

Please include a \$85.00 application fee, payable to:

LIL'SPROUTS OF ESSEX  
P.O. BOX 99 #1 Scot's Way  
ESSEX, MA 01929  
(978)768-6287