

Little Sprout “Growing Together” Parent-Child Class

“Spring Session”



- **“Growing Together” Parent-Child Classes for toddlers** (COST: \$120 for all 6 sessions, checks made to “LHS”)
 - **Instructor:** Laura Allen
 - **Class Days:** Wednesdays, 9:45-10:45; 6 classes **March 9, 16, 23, 30, April 6, 13 (make up April 27, if needed)**
 - **Description:** Enjoy a morning with your child and other local moms. This 6 session parent-child class is designed to encourage basic developmental skills in toddlers and to acclimate children to the school routine through old fashioned, fun filled, purposeful play. Each class will include activities to develop fine and gross motor skills as well as social skills. Activities include songs, movement, crafts, stories, snack and more. A parent or other adult accompanies the child during the class. *Limited to 5 students.*
 - **All adults and kids ages two and older must wear masks.** We will have distanced activities that will allow for mask breaks for our little ones.
 - **Refund Policy:** Class session fees can be refunded minus a \$60 deposit up until three weeks prior to the start of the first class, after that, class fees are non-refundable. Students who miss class due to an illness will be sent home craft supplies and materials from the class missed, if requested.

Registration Form

(Enroll soon as spaces will fill)

Child’s Name (First, Last): _____ Age: _____ years _____ months

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Cell Phone: 1. _____ 2. _____

Emergency Contact Name: _____ Phone: _____

- List any allergies or intolerance to medicine or food:
- Respiratory Ailments:
- Current medication including inhalers:
- Restrictions/Limitations on activities/Special Instruction:

Emergency Treatment Authorization

I, _____, hereby grant to Little Sprout’s Preschool, its teachers or other appropriate employee or agent, authority to obtain emergency medical treatment for and on behalf of my child listed on this form. I authorize the providers of emergency medical care to take such steps as in their opinion are appropriate, considering the present state of medicine and in accordance with applicable standards of care.

Parent’s Signature _____ Date _____

