



Little Big Tots Foundation

149 Kapili Avenue Hilo, Hi 96720

vp@littlebigtots.org

ENROLLMENT VERIFICATION FORM

Participant's Name: _____ Parent's Name: _____

This form is to be completed by a representative of the program in which the participant is registering with.

Name of Program:	_____
Contact Person's Name:	_____
Mailing Address:	_____
Phone Number:	_____
Email:	_____

I am verifying that _____ has enrolled in _____
(Participant's Name) (Type of Program)

on _____. The participant's registration with _____
(Enrollment Date) (Name of Program)

is _____ in the amount of _____. I understand that if the participant is
(Pending or Complete) (Registration Fee)

awarded a scholarship and we then receive an overpayment on the participant's behalf, we will credit back the participants parent/guardian. If the program is cancelled and a refund is due, I agree to issue a refund to the parent/guardian only for the payment amount received from them. Any balance remaining thereafter, I agree to issue the balance due to Little Big Tots Foundation.

Program/Activity Start Date: _____ End Date: _____

Completed By: _____
Print Name of Representative Title of Representative

Representative's Signature Form Completion Date

NOTE: If you have any questions completing this form, please contact Little Big Tots Foundation at vp@littlebigtots.org.