

Little Big Tots Foundation

www.littlebigtots.org
Email: vicepresident@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.

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 vicepresident@littlebigtots.org.