

# 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.

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.*