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| GENERAL INFORMATION | | | | | | | | | | | | | | | | | |
| This Children’s Lighthouse School is owned and operated by:  **Randy and Sandy Craft** | | | | | | | | | | School Director’s Name:  **Jennifer Linder** | | | | | | | |
| Child’s Name: | | | | M  F | | Date of Birth: | | | | | | Home Phone Number: | | | | | |
| Child’s Address: | | | | | | | | | City: | | | | | | | State: | Zip: |
| Date of Admission: | Date of Withdrawal: | | | | | | | | Hours and days child will be in care: | | | | | | | | |
| Parent/Guardian’s Name: | | | | | Parent/Guardian’s Name: | | | | | | | | | | | | |
| Address: (if different) | | | | | Address: (if different) | | | | | | | | | | | | |
| E-mail | | | | | E-mail | | | | | | | | | | | | |
| Place of Employment: | | | | | Place of Employment: | | | | | | | | | | | | |
| Primary Phone Number: | Secondary Phone Number: | | | | Primary Phone Number: | | | | | | | | Secondary Phone Number: | | | | |
| Name of person to call in case of emergency if parents / guardian cannot be reached: | Name:  Relationship: | | | | | | | Address:  City: State: | | | | | | | Phone Number: | | |
| **I hereby authorize this School to allow my child to leave this School ONLY with the following persons:** | | | | | | | | | | | | | | | | | |
| Name: | | | Name: | | | | | | | | Name: | | | | | | |
| Phone Number: | | | Phone Number: | | | | | | | | Phone Number: | | | | | | |
| AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION | | | | | | | | | | | | | | | | | |
| **In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school administration or person in charge to take my child to:** | | | | | | | | | | | | | | | | | |
| Physician: | | Address: City, State | | | | | | | | | | | | Phone Number: | | | |
| Dentist: | | Address: City, State | | | | | | | | | | | | Phone Number: | | | |
| Emergency Care Facility: | | Address: City, State | | | | | | | | | | | | Phone Number: | | | |
| I give consent for this facility to secure any and all necessary medical care for my child. |  | | | | | | | | | | | | |  | | | |
| **Signature** – Parent or Legal Guardian | | | | | | | | | | | | | Date | | | |
| CHILD’S ALLERGY INFORMATION | | | | | | | | | | | | | | | | | |
| List any special needs your child has, such as environmental allergies, physician-diagnosed food allergies, existing illness, previous serious illnesses, injuries, or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:  Does your child have diagnosed food allergies?  Yes  No ***If Yes, Allergy Action Plan submitted on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*** | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | |
| **Signature** – Parent or Legal Guardian | | | | | | | Date | | | | | | | | | | |
| CHILD’S FOOD RESTRICTION INFORMATION | | | | | | | | | | | | | | | | | |
| Does your child have any food restrictions you would like the staff to be aware of that are not physician-diagnosed food allergies? | | | | | | | | | | | | | | | | | |
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| **Signature** – Parent or Legal Guardian | | | | | | | Date | | | | | | | | | | |

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| CUSTODY INFORMATION | |
| Initial: \_\_\_\_\_\_\_ Is there a court order affecting the custody of this child?  Yes  No  If yes, you must provide a file stamped copy of the court order signed by the presiding Judge. If no, please understand that both legal guardians/parents have equal access to the child and information. | |
| SCHOOL AGE CHILDREN | |
| My child attends the following public school: | My child’s immunization records, and vision and hearing test results are on file at the school.  Yes  No  All immunization, TB, and hearing and vision tests are current.  Yes  No |
| School Address: | School Phone Number: |
| My child has permission to (check all that apply):  ride a bus  be released to the care of his/her sibling who is under 18 years old | |
|  |  |
| **Signature** – Parent or Legal Guardian | Date |
| ADMISSION REQUIREMENT | |
| If your child does not attend pre-kindergarten or school away from this school, the following must be presented when your child is admitted to this school or within one week of admission.  A signed and dated copy of this School’s Physicians Recommendation and Health Statement. **Initial \_\_\_\_\_\_\_\_\_\_** | |
| CONSENT INFORMATION | |
| **CHECK ALL THAT APPLY AND INITIAL:** | |
| **1. Field Trips**  I hereby  give  do not give – my consent for my child to participate in field trips:  **Initial \_\_\_\_\_\_\_\_\_\_** | |
| **2. Water Activities**  I hereby  give  do not give – my consent for my child to participate in water activities:  splashing pools  wading pools  swimming pools  aquatic splashpads  water table play  sprinkler play    **Initial \_\_\_\_\_\_\_\_\_\_** | |
| **3. Receipt of Written Operational Policies**  I acknowledge receipt of this school’s operational policies located in the Parent Handbook.  **Initial \_\_\_\_\_\_\_\_\_\_** | |
| PHOTO RELEASE AND VIDEO MONITORING AUTHORIZATION | |
| With the intent to be legally bound, I give this School permission to take photos of my child while attending this School and to use these photos and share these photos with Childrens Lighthouse Franchise Company for displays and/or marketing, website, flyers, or brochures, without compensation of any type for my child or me. I also acknowledge that I will have no right, claim, or interest in or to such photos.  I hereby  give  do not give – my consent. **Initial\_\_\_\_\_\_\_\_\_\_**  This School offers internet video monitoring for parents. These “real time” videos not only offer parents the comfort of knowing their child is in good hands, but also provide a glimpse into their child’s daily work and play. Because the security of this School and children in our care are our primary concern, any use of these videos, including reproduction, printing, or image duplication, is strictly prohibited.  **Initial\_\_\_\_\_\_\_\_\_\_** | |

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| ANNUAL UPDATES |
| **Please verify your information annually, update any information on a separate form, and sign below.** |
| By signing below, I acknowledge that I have reviewed and verified for accuracy all information provided on this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** – Parent or Legal Guardian Date |
| By signing below, I acknowledge that I have reviewed and verified for accuracy all information provided on this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** – Parent or Legal Guardian Date |