

Enrollment Form

GENERAL INFORMATION									
This Children's Lighthouse School is owned and operated by:					School Director's Name:				
Child's Name:			<input type="checkbox"/> M <input type="checkbox"/> 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 & ILLNESS INFORMATION									
List any special needs your child has, such as environmental allergies, physician-diagnosed food allergies, existing illness, previous serious illnesses, injuries and hospitalizations during the past 12 months, and any other information which staff should be aware of:									
Is your child's food allergy physician diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<i>If so, please provide a completed food allergy action plan signed by the child's physician.</i>									
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?									
Signature – Parent or Legal Guardian					Date				

Parent Signature: _____

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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(s) who is under 18 years old

Sibling(s) name:

Signature – Parent or Legal Guardian

Date

ADMISSION REQUIREMENT – PHYSICIAN'S HEALTH STATEMENT & IMMUNIZATION REQUIREMENT

A signed and dated copy of this School's Physician's Health Statement & Immunization Requirement form must be presented when your child is admitted to this School or within one week of admission.

Initial _____

CONSENT INFORMATION

CHECK ALL THAT APPLY AND INITIAL:

1. Transportation & Field Trips

I hereby ☐ give ☐ do not give – my consent for my child to be transported: ☐ on field trips ☐ to and from School

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

☐ my child is able to swim without assistance. ☐ my child is not able to swim without assistance.

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 _____

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

Parent Signature: _____

This School is independently owned and operated by the entity named at the top of this form. This School is not owned or operated by Childrens Lighthouse Franchise Company or any of its affiliates or subsidiaries.