

## Enrollment Form

GENERAL INFORMATION					
This Children's Lighthouse School is owned and operated by: <b>Children's Lighthouse of Oak Point</b>			School Director's Name: <b>Katie North</b>		
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:		Secondary Phone Number:		Secondary Phone Number:	
Name of person to call in case of emergency if parents / guardian cannot be reached:		Name:		Address:	
Relationship:		City:		State:	
Phone Number:		Phone Number:		Phone Number:	
<b>I hereby authorize this School to allow my child to leave this School ONLY with the following persons:</b>					
Name:		Name:		Name:	
Phone Number:		Phone Number:		Phone Number:	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION</b>					
<b>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:</b>					
Physician:		Address:		City, State	
Phone Number:		Phone Number:		Phone Number:	
Dentist:		Address:		City, State	
Phone Number:		Phone Number:		Phone Number:	
Emergency Care Facility:		Address:		City, State	
Phone Number:		Phone Number:		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
<b>CHILD'S ALLERGY INFORMATION</b>					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Allergy Action Plan submitted on: ____/____/____</i>					
Signature – Parent or Legal Guardian			Date		
<b>CHILD'S FOOD PREFERENCES INFORMATION</b>					
Does your child have any food preferences you would like the staff to be aware of?					
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No All immunization, TB, and hearing and vision tests are current. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
School Address:	School Phone Number:
My child has permission to (check all that apply): <input type="checkbox"/> ride a bus <input type="checkbox"/> be released to the care of his/her sibling who is under 18 years old	
<b>Signature</b> – Parent or Legal Guardian	<b>Date</b>
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. <input type="checkbox"/> A signed and dated copy of this School's Physicians Recommendation and Health Statement. <span style="float: right;"><b>Initial</b> _____</span>	
CONSENT INFORMATION	
<b>CHECK ALL THAT APPLY AND INITIAL:</b>	
<b>1. Field Trips</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in field trips: <span style="float: right;"><b>Initial</b> _____</span>	
<b>2. Water Activities</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in water activities: <input type="checkbox"/> splashing pools <input type="checkbox"/> wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic splashpads <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <span style="float: right;"><b>Initial</b> _____</span>	
<b>3. Receipt of Written Operational Policies</b> I acknowledge receipt of this school's operational policies located in the Parent Handbook. <span style="float: right;"><b>Initial</b> _____</span>	
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 <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent. <span style="float: right;"><b>Initial</b> _____</span>	
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. <span style="float: right;"><b>Initial</b> _____</span>	

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

**Parent Signature:** \_\_\_\_\_