



Dear Parent,

Welcome to Children's Lighthouse and thank you for choosing us as your childcare provider. Please take a moment to look over all the information provided to you in this packet.

We understand that there are a lot of forms to fill out and this can be time consuming. However, you must have **every form in this packet completed and turned into a member of our management team on your first day.**

The forms in this packet include the following:

- **Enrollment Form:** Please sign **all** areas on this form where it is indicated. Each item is very important and either provides you with information from us or provides us with information about you and your child. If something is not applicable for your child just put 'NA'.
 - **Emergency Contact:** Provide name, complete address, and telephone number for at least one emergency contact person in the area provided on the form. This is the person you would want to be responsible for the safety of your child in case you or your spouse are in an emergency situation and cannot be reached.
 - **Public School Information:** If your child will be **transported to Elementary/Middle School**, please include the name and phone number of your child's school in the area provided. Please note that additional transportation forms may be required.
 - **Physician / Hospital Information:** Include your child's physician's address and phone number.
 - **Parent Handbook:** Please be sure to sign the "Receipt of Parent Handbook" page and include it in your paperwork.
 - **Any State required forms** given to you by your Center Director.
- **Tuition Contract:** Please read the contract carefully, as this is your financial contract with us and outlines all relative fees. Ask your Center Director if you have any questions or need clarification on any part of the contract.
- **Physician's recommendation for placement in-group childcare.** This form meets ADA requirements and gives us information if the ratio for their age group is appropriate and your child is able to participate in-group care.
- **Allergy Alert:** (This form must be completed even if your child does not have allergies) If your child has an allergy or food preference, please provide complete information including symptoms to watch for, if emergency medication (ie: EpiPen) has been provided and a recent photo of your child. Your child's allergy information will be posted in both the kitchen and the classroom.

In addition, we need a copy of the following:

- **A copy of your child's current immunization record.**
- **A copy of your child's hearing & vision screening** (if 4 and older and required by local code)

Thank you so much for providing these forms to us on your first day. It will be your responsibility to keep us informed of changes to your information as it occurs. **Change of Information** forms are available at the front desk.

If you have any questions about the packet provided to you just give us a call.

Again, thank you for choosing Children's Lighthouse!



Welcome! Let us tell you about our school!

Front Foyer

Parent Resource Library Tuition Box Suggestion Box Check in and Out Kiosk Parent Coffee Bar
Curriculum Over View Boards across from the desk Curriculum Updates Board over kiosk Car Seats stored at Front Desk
Spot light on a Classroom on the Easel Sign in Medication Log at Front Desk Sign in Visitors Front Desk
Newsletters / Calendars / Promotions School Activities on the Front Monitor Parent Box for surveys and updated paper work at the desk

Hall

Menus Posted Required Postings Board Adult Restroom School Announcements on the Monitor Classroom Art Boards

Parents Boards Outside Each Classroom Door

Teacher Bios Lesson Plans Classroom Schedule Special Activities Schedule
Curriculum Scope and Sequence Infant Yearly Plan Monthly Parent Letters

Classrooms

Colored Square on the Door for Classroom Notices Parent Wipe Off Board for Parents Communication to Teachers Character Value Board
Cares Curriculum Board Creative Art Board Take Home Box on Bookcase Inside Doors Parent Articles Wall File Inside Doors
Children Folders inside Doors

Fall Guidelines and Policies

All medicine is kept in the front office and administered by our Health and Safety Coordinator and Management at 11:30 and 3:30. Any ointment, sun screen, or medication must have parent written authorization. All prescription medication must be in the original container. Any over the counter medication must have directions with age requirements clearly labeled by the manufacturer. Medication may not be shared. The expiration date may not have expired on any item. Do not leave anything in backpacks that could be hazardous to children such as medication, hand sanitizer, lotions and sharp objects.

The school has many appropriate play materials for the children. These materials can help the children learn to share, trade, initiate activities and plan. We, therefore, request that toys not be brought from home. Toys from home can cause problems in the classroom. For instance, your child may become too fixated on it to follow directions or it may cause jealousy and fighting with other children. Also, it's easy to lose a toy in a preschool classroom, because there are so many toys. Unless your teacher specifically requests it's better to leave the toys at home. We will have a Go Home Box for the toys to stay during the day if a child needs a toy for the morning transition.

Children are required to wear shoes to protect their feet from injury and cold. "Flip-flops" are not permitted as they hamper walking and make running and climbing dangerous. Therefore, if you send your child in sandals, please make sure they have a strap across the heel and closed toes. (Tennis shoes are preferred.)

We ask that you send the children in play clothing because the activity materials may not always wash out. In anticipation of the times when clothes may get wet or soiled, we require a change of clothing to be kept in the child's personal cubby. This seems to minimize the child's distress and embarrassment if changing clothing is necessary.

Your child's name should be placed on all outdoor clothing, nap items and in the change of clothing.

All rest items should be small enough to fit in the child's cubby. The concern is primarily cross- contamination between children's items.

If your child has an incident report a notice will be on the check in Kiosk to stop by the desk.

Show & Tell, we believe that children need experience using verbal skills in a group setting. This is the main reason for Show and Tell. Show and Tell is usually scheduled every Friday. Toys for Show and Tell will be kept in the cubbies except at Sharing Time.

Breakfast is served from 6:45 to 7:30 for public schooler and 7:00 to 8:15 for our school. Please do not bring something in from the outside. It is not kind to the other children in the classroom.



Texas Specific Information

School Name: CLH Woodforest LLC dba Childrens Lighthouse of Woodforest

School Address: 2813 Woodforest Parkway N, Montgomery, TX 77316

School Phone Number: 936-588-8999

Email Address: woodforest@childrenslighthouse.com

Childcare Licensing Address: 1330 East 40th Street, Houston, TX 77022

Childcare Licensing Phone Number and Website: 713-287-3238 / dfps.state.texas.us

Abuse & Neglect Hotline: 1-800-252-5400

Operational Hours and Days Closed: Childrens Lighthouse of Woodforest is open Monday – Friday from 6:30am-6:30pm January through December. We are closed for observance of the following holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Friday after Thanksgiving Day and Christmas Day. If a holiday is on Saturday, we will be closed on Friday for observation of the holiday. If holiday is on Sunday, we will be closed on Monday to observe the holiday.

Our school closes early at 3:00pm on the Wednesday before Thanksgiving, Christmas Eve and New Year's Eve.

Immunizations: See the attached immunization schedule for the state of Texas. Preventable disease immunizations for staff are not required.

Hearing & Vision Requirements: Children four years of age or older, who are enrolled in any facility for the first time, should be screened for vision and hearing within 120 calendar days of enrollment. If a child is enrolled within 60 days of the date a facility closes for the summer, the child's vision and hearing must be tested by December 31 of that year. Children previously enrolled in a facility that is four or five years of age on or before September 1st must be screened for vision and hearing by December 31.

Health and Safety: To minimize the spread of illness and maintain the health of all children at the school, Childrens Lighthouse trains employees on health checks if applicable to look for signs of illness. We may, if applicable, conduct health checks on the children prior to arrival or throughout the day at the school. A health check is defined as a visual or physical assessment of a child to identify potential concerns about a child's health, including signs or symptoms of illness and injury, in response to changes in the child's behavior since the last day of attendance. We will observe the child and look for signs of illness and parents will receive documentation on either the daily communication sheet or incident/accident/illness report.

Parent Communication: Parent participation for events such as class parties, class activities, school events, etc. is communicated through postings in the classrooms, school activity board, front area, Facebook, newsletters, parent calendars, emails, and parent handouts. Policy changes in the center's operational policies related to child enrollment will be communicated to parents through postings in the classrooms, school activity board, newsletters, emails and parent handouts.



Texas Specific Information

WATER ACTIVITIES with Splash Pad: Children's Lighthouse of Woodforest operates a splashpad water feature. The following are policies that must be followed for children to participate and use the splash pad.

1. Written parent consent is required for any child to participate and use the splash pad.
2. There is a 30-minute maximum usage time per child per day.
3. All children must wear rubber water shoes and swimwear clothing.
4. All children must bring their own towel.
5. No more than 12 children will be on the splash pad at one time.
6. Sunscreen will be applied with signed parent permission.
7. Children must follow all rules to participate.

Emergency Preparedness: In the event of an emergency, the alternate location below is a safe place if there is a need to move the children off property. Our school has an emergency plan for a safe evacuation of children that need special accommodations. Please see your director for information regarding our emergency evacuation plan.

Stewart Elementary School
680 Fish Creek Throughfare
Montgomery, TX 77316
936-709-4200

TEXAS MINIMUM STANDARDS: A copy of TEXAS Minimum Standards for childcare centers is available for review from your Center Director.

Parent Referral Information: In the event a referred family stays with us for 4 continuous weeks, we will credit \$50 to your account.

PARENT SIGNATURE

DATE



Enrollment Form

GENERAL INFORMATION					
This Children's Lighthouse School is owned and operated by: CLH Woodforest LLC			School Director's Name: Danielle Nelson		
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:		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:	
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:		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
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 <i>If Yes, Allergy Action Plan submitted on: ____/____/____</i>					
Signature – Parent or Legal Guardian			Date		
CHILD'S FOOD PREFERENCES INFORMATION					
Does your child have any food preferences you would like the staff to be aware of?					
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.



Enrollment Form

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 _____	

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: _____

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CLH Woodforest LLC dba Childrens Lighthouse of Woodforest

Allergy Alert and Action Plan

Child Photo Here

Child's Name: _____

Date of Birth: _____

An **Allergy Action Plan** must be completed for ALL allergies. This plan must be signed by your child's physician stating the specific precautions, reactions and medicinal procedures we should follow in case of accidental contact or digestion. Please update this information yearly, or as new allergies develop.

ALLERGIES (Circle)

Peanuts	Milk	Shellfish
Soy	Wheat	Tree Nuts
Fish	Pollen	Mold
Dust Mites	Pets	Honeybees/Hornets/Wasps/ Yellow Jackets
Fire Ants	Penicillin	Sulfates
OTHER:		

Symptoms/Reactions to Watch For:

	Name	Symptoms/Reactions
Allergy #1		
Allergy #2		
Allergy #3		
Allergy #4		

Treatment Needed Upon Contact or Digestion:

	Name	Treatment Needed
Allergy #1		
Allergy #2		
Allergy #3		
Allergy #4		

The child named above has been tested and found to be allergic to the foods/medications/environments/insects indicated.

Physician's Printed Name		Hospital Affiliation
Address	Phone Number	Fax Number
Physician's Signature		Date

In order to ensure the safety of our children with allergies, we will post your child's picture with specific allergy information in the kitchen and classroom(s). Please sign below indicating permission to post allergy information.

Guardian Signature: _____

Date: _____



CLH Woodforest LLC dba Childrens Lighthouse of Woodforest

FOOD RESTRICTIONS

Child's Photo Here

Child's Name _____

Date of Birth _____

FOOD RESTRICTIONS:

Food Restrictions will be honored due to religious or dietary reasons.

In order to insure the safety of our children with allergies, please complete an **ALLERGY ACTION PLAN** if applicable.

We will post your child's picture with the specific information in the kitchen and classroom. Please sign below indicating permission to post Food Restriction info.

Parent's Printed Name _____

Parent's Signature: _____ Date _____

This form is to be updated annually on your child's birthday to insure the best practices at our school.

Each Children's Lighthouse School is independently owned and operated.



Individual Information

Child's Name: _____

Date of Birth: _____

Parent's Names: _____

Hours in Care: Full Time/Part Time/Half Day (Circle One)			
Monday	a.m.	to	p.m.
Tuesday	a.m.	to	p.m.
Wednesday	a.m.	to	p.m.
Thursday	a.m.	to	p.m.
Friday	a.m.	to	p.m.

Does your child have any allergies, food restrictions, or medical problems?

What are your child's favorite foods?

What are your child's favorite activities?

Are there anything specific that you would like your child to work on?



Pick Up Authorization

Child's Name: _____

The following people are permitted to pick up my child from Childrens Lighthouse of Imperial. I understand that for security purposes, my child will not be released to anyone not listed on this authorization form.

***Anyone picking up your child will need to bring a photo ID)**

Name: _____

Name: _____

Address: _____

Address: _____

Phone# _____

Phone # _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone# _____

Phone # _____

Relationship: _____

Relationship: _____

Parent Signature: _____

Date: _____

Children's Lighthouse is an independently owned and operated school and neither Childrens Lighthouse Franchise Company or any other Children's Lighthouse school other than the one whose name and address appear on this document is responsible for the actions or obligations of this school.

CLH Woodforest LLC DbA Childrens Lighthouse of Woodforest

Acknowledgement of Receipt

I have read and fully understand the policies and procedures set forth in the Childrens Lighthouse Learning CentersSM Parent Handbook. In addition, I understand that an electronic copy of the handbook is available on the schools web page for my personal reference.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date





Photograph/Audio/Video Agreement

I understand that I have enrolled my child(ren) at CLH Woodforest LLC, dba Childrens Lighthouse of Woodforest located at 2813 Woodforest Parkway N, Montgomery, TX 77316, also referred to herein as the "school".

By my signature below, I hereby consent to the photographing of myself and/or my child(ren) and the recording (audio /video) of myself and or that of my child(ren) named below. I agree that these photographs and/or recordings singularly or in conjunction with other photographs may be used for advertising, publicity, commercial or other business purposes. I agree that I have no rights to any of the video footage or photographs for any reason at any time. I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the content and service. I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member's account activity associated with my child or children. Copyrighted work includes all video/audio recordings. I understand that legal action can be taken against me by Childrens Lighthouse of Woodforest for such copyright infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

Since my child(ren) is/are under the age of 18, I, _____, certify that I am the parent/legal guardian of the individual named above. I have read this release and agree to and approve of the terms.

Child(ren) Name(s): _____

Parent/Guardian Signature: _____ Date: _____



Permission to Photograph

I, _____, give **Childrens Lighthouse of Imperial**
(Parent Name)

permission to photograph my child, _____.
(Child's name)

For the following purposes:

Type of Use:	(Please Initial)	
	Grant Permission	Decline Permission
Still Photographs:		
Display still photos on school bulletin boards		
Display still photos on school website		
Display still photos on school Facebook page		
Display still photos on school Newsletter		
Videos:		
For teaching, arts and crafts, albums, and/or advertising		

- I understand that these photos and/or videos **WILL NOT** be sold, distributed or shared with any other individual or business.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent Signature: _____ Date: _____



Physician's Recommendation and Health Statement

Dear Physician,

Children's Lighthouse provides a group childcare environment for children between the ages of six weeks and twelve. It is our policy to accept children in our center in compliance with the Americans with Disabilities Act and all applicable federal, state or local laws pertaining to the provision of services to persons with disabilities.

In addition, our center will evaluate each child's situation on an individual basis to determine if the following child's needs, including physical, can be met within our center's teacher to child ratio:

Child's Name: _____ Date of Birth: _____

Teacher to Child ratio at our center is:

Age	Infants 6wks to 12 months	Infant/Toddlers 12 months to 18 months	Toddlers 18 months to 24 months	2 year olds	3 year olds	4 year olds	5 year olds	6 -12 year olds
Teacher / Child ratio	1/4	1/5	1/9	1/11	1/15	1/18	1/22	1/26

Admission Signature Requirement: Health Care Professional

☐ HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the child-care program with the teacher to child ratio as stated above.

Health Care Professional's Signature

Date

Immunization Requirement: Parents: *please check only one:*

- ☐ A copy of my child's immunization Record is attached. If the state requires hearing and vision, I will obtain a copy of the examination when my child reaches the age the state requires such examine to be administered.
- ☐ My child attends public or private school away from the child-care operation and the immunization is on file at the school.
- ☐ I am excluding my child from the immunization requirement for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of the State Health Services. I understand that this affidavit is valid for 2 years and must be resubmitted every two years.

State Health Information Requirements may be required in addition to this form and will be provided by your Center Director.

Parent or Legal Guardian's Signature

Date



CLH Woodforest LLC dba Childrens Lighthouse of Woodforest

Sunscreen and Insect Repellent Permission Form

Child's First and Last Name

Classroom

I hereby give permission for my child to have sunscreen and/or insect repellent applied directly to exposed skin areas before going outside. I understand that I am responsible to provide sunscreen and insect repellent for it to be applied. I am responsible to provide sunscreen with a sun protection factor of at least 15. I will label the sunscreen and insect repellent with my child's name on with a Permanent Marker.

*Sunscreen without Paba is recommended because some children can get a blotchy, red rash from the Paba

Signature of Parent or Guardian

Date



Transportation Agreement

As part of our "Schooler" program, Childrens Lighthouse offers transportation service to and from area public schools that are within a 5 mile radius of the center. We will transport your child to and/or from their school at regular arrival/dismissal times.

If your child is to be transported to school, they must arrive at the center by 7:30am in order to be present for roll call. If your child is dismissed at any time other than the regular school dismissal time, you must make alternate arrangements for their transportation. Parents need to furnish a school calendar and any school schedule changes to Childrens Lighthouse.

Student's Name: _____ School: _____

School Address: _____

Arrival Time: _____ Dismissal Time: _____

If your child arrives at the center after 7:30am, you will be responsible for transporting them to school. By signing this letter, you agree to call Childrens Lighthouse no later than noon to notify the office that your child will not be at his/her school for pick-up. Failure to do so will result in a \$5 fine for each occurrence.

CLLC van drivers are not permitted to leave the van or children to look for a child who has not met the van as expected. Any delay results in a late pick-up for the next school on our route. Please discuss this with your child(ren) and inform them the importance of arriving at the van promptly after dismissal.

Parents Name: _____

Daytime Phone: _____

Parents Signature: _____ Date: _____



***Hop aboard the Tuition Express
and never write a check again!***

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of, _____ to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name

Phone #

DEPOSITORY - Bank or Credit Union Name

Address

Bank or Credit Union Address

City

State

Zip

City

State

Zip

Routing Transit Number (see sample below)

Type: ☐ Checking ☐ Savings

Account Number (see sample below)

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

Signature

Date

(Please attach a copy of a voided check below - deposit slips not accepted)

John Smith Sally A. Smith 123 Main Street Anytown, OR 97504		18-0001/2349	1420
DATE _____			
PAY TO THE ORDER OF _____		\$ _____	
		Dollars	
Anytown Bank Anytown, OR 97502			
Memo _____			
⑆ 0574 2104 ⑆ 578245 ⑆ 1420			
Routing Transit Number	Account Number	Check Number	



For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize **Childrens Lighthouse of Imperial** (hereafter referred to as "center") to initiate recurring credit card charges to the below referenced credit card account for the purpose of collection of childcare related payments. I (we) understand that the above referenced "center" has the right to charge a credit card convenience fee (**2.5%**) for utilizing a credit card as payment option for related childcare payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are **due and payable** at the time of the credit card transaction. I understand that this agreement is between myself (us) and the below referenced "center". I further understand that the "center" utilizes Professional Solutions of ~~Medford~~ Oregon to capture, create, and transmit all credit card information. Professional Solutions does not settle any monetary transactions in any form. Therefore, I hereby indemnify and hold harmless, Professional Solutions from any and all liability resulting from any and all single and/or recurring transactions. All disputes shall be directed to and addressed by and between "center" and the below signed cardholder.

I (we) understand that to properly effect the cancellation of this agreement, I (we) are required to give "center" written notice of revocation. A minimum of 5 business days is required to effect the written notice of revocation.

☐ Visa ☐ MasterCard

Cardholder Name _____ Phone # _____

Account Number _____

Cardholder Billing Address _____

Expiration Date _____

City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

For Official Use Only:

Date Received: _____

Employee Signature: _____

Attention: Parent/Cardholder

For your protection the cardholder is required to submit the CVV Number. The number indicates to the center that the cardholder is the rightful owner of the credit card. **The center will not be able to accept your credit card for payments without this number.**

Center Management: Cut along line and destroy CVV number after entering data into Tuition Express.

We accept VISA and Mastercard cards only. The CVV Number is a three-digit security code printed on the back of your card. The number appears in reverse italic at the top of the signature panel at the end.

C V V Number:

