



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? Yes No

If so, please provide a completed food allergy action plan signed by the child's physician.

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: _____

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

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.

Initial: _____

SCHOOL-AGE PROGRAM

My child attends the following public school:

My child's required immunizations, vision and hearing screening, and TB screening (if required) are current and on file at their school.

Yes No

Public School Address:

Public School Phone Number:

My school-age child has permission to (check all that apply): walk to or from public school or home

ride a public school 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, Child's Special Care Needs, & Immunization Requirement:

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

Initial: _____

RECEIPT OF PARENT'S RIGHTS

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this school.

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 the following water activities:

splashing pools wading pools swimming pools aquatic splashpads water table play sprinkler play

Initial: _____

Is your child able to swim without assistance? Yes No

Does your child have any physical, health, behavioral, or other condition that would put them at risk while swimming?

Does your child wear a life jacket while in or near a swimming pool?

Yes No

Yes No

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: _____

Parent Signature: _____

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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.



OF HERITAGE
LOCATED AT 4851 SHIVER ROAD, FORT WORTH, TEXAS 76244 ("SCHOOL")

THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY BCK2 EDUCATORS, LLC.
("WE," "US," OR "OUR")

TUITION AND ENROLLMENT AGREEMENT

This Children's Lighthouse School provides safe, quality, and nurturing educational care for children 6 weeks through 12 years of age. This School is independently owned and operated, and neither Childrens Lighthouse Franchise Company nor any other Children's Lighthouse school is responsible for the actions or obligations of this School or its owners, employees, independent contractors, or agents. This Agreement is being entered into by us and the undersigned parent or guardian ("you").

OPERATIONAL SCHEDULE.

Our hours of operation are from 6:30 a.m. – 6:30 p.m. We operate year-round, except we are closed for certain holidays and staff training days ("School Closures"). A list of our School Closures is attached to this Agreement. If severe weather necessitates closing, early dismissal, or late arrival, we will communicate through ProCare Engage and our social media page (if available). For inclement weather we follow Keller ISD. **No adjustments or credits will be issued for School Closures or closings due to inclement weather.**

REGISTRATION, TUITION, AND FEES:

- **No Cash:** For the safety of our employees and the children in our care, this School does not accept cash. You must pay by ACH Tuition Express using a bank account (no credit/debit cards, checks, cashier's checks or money orders, unless required due to non-payment or returned payments).
- **Registration Fee:** Our registration fee of \$200.00 is non-refundable and is due when your child's application is submitted. *If you withdraw your child from our School then decided to return, a new enrollment form and registration fee must be submitted, and an opening must be available.*
- **Tuition:** Weekly tuition for the child named below in this Agreement is \$_____. Payments are due in advance on Monday of each week. We reserve the right to refuse service for families who have an outstanding account balance at the close of business Tuesday. Full tuition is due for holidays and teacher in-service day closings observed by this School.
- **Annual Curriculum Fee:** Our annual curriculum fee of \$_____ is due upon registration and each summer. Depending on the age of your child, the actual amount may be different from one year to the next. If you withdraw your child before the start of our Fall Academic Year, a cancellation fee of \$50.00 per child will be deducted from any curriculum fees we elect to refund.
- **Sibling Discount:** We offer a 5% discount for each additional full-time child enrolled in our program for the same family. The discount applies to the oldest child's tuition fee. One discount per family at a time. No additional discounts will be applied to accounts receiving a sibling discount.
- **Late Payment Fee:** A \$30.00 late payment fee will be charged if payment is not received by close of business Tuesday.

- **Delinquent Accounts:** We reserve the right to refuse service for families who have an outstanding account balance that is more than 3 business days past the tuition due date described above. Delinquent accounts and all costs incurred in the collection process will be referred to a collection agency.

- **Non-sufficient Funds ("NSF"):** An NSF fee of \$30.00 will be added to your account when we are notified of NSF for either checks or electronic withdrawal. The amount of the original payment and the NSF fee MUST be paid with a money order or cashier's check immediately upon notification of the NSF. If we receive more than two NSF notifications, your account will result in the account being placed on a Money Order ONLY basis.

- **Late Pick-up Fee:** You will be assessed a late pick-up fee of \$1.00 per minute/per child for each minute you have not picked up your child past our closing time. (\$10.00 minimum and charged according to our clock.)

Withdrawal Notification: If you elect to withdraw your child from our School for any reason, you must give us a 2-week notice by completing and giving us this School's notification of withdrawal form. If you do not comply with this requirement, then you must pay us an amount equal to 2 weeks of tuition. *To re-register your child(ren), a new enrollment form must be submitted with the registration fee if an opening is available.*

REFUND POLICY:

- We refund tuition amounts that are paid in advance but are not used.
- Other payments are refunded as otherwise stated in this Agreement.
- Refunds may take up to 30 days to process.

ADDITIONAL EXPENSES FOR SCHOOL-AGE CHILDREN:

- There is an additional \$20.00 daily fee for school-age children when their public school is out for holidays or teacher in-service days.
- When enrolled in our school-age programs and your child's public school is out for an entire week during the school year, the FULL-TIME rate of \$205 will be charged for the time your child attends this School. If your child does not attend this School during such week, then the account will be charged according to our absentee credit policy described below.
- A \$10.00 non-notification of pick-up fee will be assessed to your account each time you fail notify us that your child will not be riding the bus. Notification that bus service is not needed for pick-up from public school must be provided to us no later than 2:30 pm on the day service is not needed.

ABSENTEE CREDIT:

- Absentee credit applies to full-time enrollment only.
- Absentee credit is calculated on tuition only. No additional credits or discounts, such as family or promotional discounts, are included in the calculation of the absentee credit. Only one discount or credit will be applied at a time.
- To use absentee credits, you must complete and return to us our School's absentee credit request form, and the discounted tuition must be paid in advance of missed days.



**OF HERITAGE
LOCATED AT 4851 SHIVER ROAD, FORT WORTH, TEXAS 76244 ("SCHOOL")**

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- Absentee credit is available for up to 4 weeks per calendar year (prorated during your first year depending on date of enrollment). Absentee credit means that you will pay 60% of your child's regular tuition for days your child does not attend the School if your child misses all days in the same week because of illness, an unforeseen problem, or pre-approved absentee credit.
- School Closures and public school holidays and teacher in-service days are not considered when calculating the absentee credit period described above.

CONDITIONS UNDER WHICH THIS AGREEMENT CAN BE CHANGED OR TERMINATED

- This School has the right to change its fees and/or policies in its own discretion and is only obligated to provide you a two-week written notice of such changes.
- We reserve the right to immediately deny services and/or terminate this Agreement due to an aggressive and/or unsafe behavior demonstrated by you or your child. The definition of "aggressive and/or unsafe behavior" will be determined by us in our sole discretion.

ASSUMPTION OF RISK ACKNOWLEDGMENTS AND AGREEMENTS

I understand and acknowledge the following on behalf of my child, myself, and my family:

- Children playing together and spending time together in classrooms creates an atmosphere in which any contagious disease (flu, COVID-19, etc.) may spread easily, even when all CDC and other federal, state, or local health and safety requirements and guidelines are followed.
- The CDC and other federal, state, and local health and safety requirements and guidelines related to COVID-19 and possibly other contagious diseases may continue to change, which means that this School's related policies and protocols may also change. If such changes occur, I will comply with the School's new policies and protocols as communicated to me.
- The risk of becoming exposed to or infected by any contagious disease may result from the actions, omissions, or negligence of myself and others, including but not limited to other children, parents, vendors, School employees, volunteers, or visitors.
- **By enrolling my child in this School, I am voluntarily assuming the risk on my child's behalf and on behalf of myself and my family that I, my child, my family, and others that I, my child, and my family come in contact with may be exposed to contagious diseases, which may result in personal injury, illness, permanent disability, and/or death.**
- **By signing this Agreement, you are releasing us from any and all liability or harm which may occur due to your child's exposure to contagious diseases at this School, including harm resulting from this School's negligence, but not from harm that may result from gross negligence, recklessness, or willful misconduct.**

OTHER ACKNOWLEDGMENTS AND AGREEMENTS

- I understand that it is my responsibility to keep this School advised of changes of addresses, phone numbers, and authorized pick-up information.
- I will comply with all policies and procedures set forth in this Agreement.
- I acknowledge that I have received the Children's Lighthouse Parent Handbook for this School, and by signing below, I agree that I have read such handbook and I will comply with all policies contained therein.
- This Agreement is governed by the laws of the state of Texas, without regard to its conflict of law principles.
- No right or obligation under this Agreement will be deemed waived due to delay or failure to exercise such right or undertake such obligation. Consent to one act will not be considered consent to any other or subsequent acts. Any waiver of a default of this Agreement must be in writing by us and will not be deemed a waiver of any other default concerning the same or any other provision of this Agreement.

I have read this Agreement, and I fully understand the contents of this Agreement.

My signature below represents that I have the full authority to bind myself, spouse, child, and any other parent, stepparent, guardian agent, attorney, or representative of the child named below to the terms of this Agreement.

PARENT / GUARDIAN

DATE

CHILD'S NAME

DATE

SCHOOL DIRECTOR

DATE



Children's Lighthouse of Heritage

4851 Shiver Road
Fort Worth, Texas 76244
(817) 741-7444

Physician's Health Statement & Special Care Needs

Child's Name: _____

Date of Birth: _____

Dear Physician,

Children's Lighthouse provides a group care setting for children between the ages of six weeks and twelve years old. This School will make reasonable accommodations to integrate children with special care needs into our program. We are not required to change the services provided for a child who may pose a direct threat to the health or safety of others or that may require a fundamental alteration of the program. We will partner with families to determine if we can meet the needs of the child through a collaborative review of an Individualized Education Program ("IEP") from a school district or Individualized Family Service Plan ("IFSP"), and as indicated on this Physician's Health Statement form.

This school will evaluate each child's situation on an individual basis to determine if the following child's needs, including physical, can be met within the classroom ratios and group size. The classroom ratio is the number of children a teacher is responsible for supervising in an individual classroom. Please note that "reasonable accommodations" do not include adjustments to the classroom's teacher/child ratio. Please also note that if any action a teacher must take to accommodate any special care needs requires a teacher to only be able to focus on one child for an extended period of time, such action would increase the state-mandated teacher/child ratio and will not be considered a reasonable accommodation. Teacher/child ratios at this school are:

Age	Infants 6wks to 12 months	Toddlers 13 to 17 months	Toddlers 18 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

Child's special care needs (check all that apply)

<input type="checkbox"/> Environmental allergies	<input type="checkbox"/> Limitations or restrictions on child's activities
<input type="checkbox"/> Physician-diagnosed food allergies	<input type="checkbox"/> Reasonable accommodations or modifications
<input type="checkbox"/> Existing illnesses	<input type="checkbox"/> Adaptive equipment (must include instructions)
<input type="checkbox"/> Previous serious illnesses	<input type="checkbox"/> Medications prescribed for continuous long-term use
<input type="checkbox"/> Injuries and hospitalizations (past 12 months)	<input type="checkbox"/> Other:
<input type="checkbox"/> Symptoms or indications of complications related to physical, cognitive, or mental conditions that may warrant prevention or intervention while the child is in this school's care.	

Explain in detail any of this child's special care needs selected above (must include any criteria stated below):

Admission Signature Requirement:

I have examined the above-named child within the past year and find that he / she is physically able to participate in a group care setting with any listed special care needs and the teacher-to-child ratio as stated above.

Physician's Signature:

Date:

Print Name:

Healthcare Facility Name:

Children's Lighthouse of Heritage is an independently owned and operated school, and each independent owner is solely responsible for complying with all laws, policies, and regulations.

Neither Children's Lighthouse Franchise Company, nor any other Children's Lighthouse school, other than the one name above, is responsible for the actions or obligations of this school.



Children's Lighthouse of Heritage

4851 Shiver Road
Fort Worth, Texas 76244
(817) 741-7444

Immunization Requirement:

Parent or Legal Guardian please check only one:

- A copy of my child's immunization record is attached. If the state requires hearing and vision screening, I will obtain a copy of the examination when my child reaches the age the state requires such examination to be administered.
- My child attends public or private school away from the child-care operation and the immunization record is current and 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 a valid vaccine exemption affidavit form developed and issued by the Department of State Health Services. I understand that this affidavit is valid for 2 years from the date notarized and must be resubmitted every two years.

Additional State Health information may be required in addition to this form and will be provided by your School Director.

Parent or Legal Guardian Signature:

Date:

Print Name:

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Sunscreen, Powder, Cream, Ointment and Lotion Permission Form

Sunscreen must provide UVB and UVA (broad-spectrum) protection with an SPF of 15 or higher. Sunscreen may not be used on infants under 6 months of age unless parent permission is granted below. Insect repellent products for children should contain no more than 30% DEET.

All sunscreen and insect repellent provided by a parent/guardian must be:

- ✓ clearly labeled with each child's full name
- ✓ provided in the original container
- ✓ within the expiration date
- ✓ clearly labeled with directions appropriate for the age of the child

Sunscreen and insect repellent must be applied to a child at least once at home to test for any allergic reactions. I understand that if I do not want sunscreen and/or insect repellent applied to my child, then I must provide protective clothing to protect my child from sun exposure and insects during outdoor activities.

Please complete the following information on a separate form for each child:

I acknowledge that I have tested my child for an allergic reaction to the sunscreen and/or insect repellent described below, and no such reaction occurred. I hereby give this Children's Lighthouse school permission to apply the sunscreen and/or insect repellent specified below to my child when outdoor conditions warrant application.

Child's Name: _____

Child's Date of Birth: _____

Please initial below:

_____ I hereby give permission for my child to have sunscreen applied directly to exposed skin areas before going outside on warm, sunny days.

_____ I understand that I am responsible for providing my child's sunscreen with a protection factor no less than 15 (NO SPRAY SUNSCREEN PERMITTED).

_____ I hereby give permission to have powders, creams, ointments, and lotions applied directly to my child's skin.

Parent/Guardian Signature

Date

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature _____ Date _____



FOR OFFICIAL USE ONLY

Date Received _____

Employee Signature _____

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CALKAR EDUCATORS, LLC. DBA Children's Lighthouse of Heritage
4851 Shiver Road
Fort Worth, Texas 76244
(817) 741-7444

OUTSIDE FOOD AND BEVERAGE POLICY

Children's Lighthouse provides nutritious meals, snacks, and beverages for children enrolled at our facility every day. Our menu is planned by a nutritionist and meets all requirements for a healthy diet according to Health and Human Services Child Care standards. However, due to dietary restrictions (such as food allergies or religious preferences) some parents may choose to provide their child's snacks, meals, and/or beverages from outside our school.

Children's Lighthouse will provide safe and proper storage and service of the individual meals, snacks, and/or beverages provided by a parent/guardian. Parents/Guardians must deliver all refrigerated foods and beverages to the Kitchen Manager to ensure proper and safe storage. Shelf stable foods may be stored in your child's cubby to be distributed at mealtimes.

Children's Lighthouse is a NUT-FREE facility; if you choose to provide your child's nutritional needs from home, please remember to check all ingredients and packaging to ensure no peanut or tree nut products (including coconut or almond milks) are present, including food and beverages that are from a facility that also processes nut products.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

I, the parent or guardian of the child(ren) listed above, understand that:

- Children's Lighthouse of Heritage is a NUT-FREE FACILITY and no peanut or tree nut products can be brought into the school;
- It is my responsibility to bring outside food and beverages to the Kitchen Manager each day for storage, and;
- Children's Lighthouse is not responsible for the nutritional content and value of any outside food and/or beverages brought in for consumption.

Parent Signature: _____

Date: _____



Child Photo Here

Allergy Alert and Action Plan

Child's Name: _____

Date of Birth: ____ / ____ / ____

An Allergy Action Plan must be completed for ALL physician diagnosed 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/Other #1		
Allergy/Other #2		
Allergy/Other #3		
Allergy/Other #4		

Treatment Needed Upon Contact or Digestion:

	Name	Treatment Needed
Allergy/Other #1		
Allergy/Other #2		
Allergy/Other #3		
Allergy/Other #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
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:
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CALKAR EDUCATORS, INC. DBA Children's Lighthouse of Heritage
4851 Shiver Road
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ONLINE VIEWING AGREEMENT

I understand that I have enrolled my child(ren) at Children's Lighthouse of Heritage, located at 4851 Shiver Road, Fort Worth, herein referred to in this document as "School". The School has a program whereby webcams are in use and my child(ren) are under constant streaming video surveillance that is accessible from the web in accordance with the terms and conditions associated with the Peanut Butter & Jelly TV, LLC company (herein referred as "PB&J"). By my signature below, I hereby consent to the photographing of myself and/or my minor child(ren) and the recording of my voice and/or that of my child(ren) named below.

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 other person's account activity associated with my child(ren). Copyrighted work includes all web streaming and video/audio recordings. I understand that cancellation of webcam services and/or legal action can be taken against me by PB&J or the School for such copyright infringement. I understand the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage. I understand that misuse by myself or other persons on my child(ren)'s account will result in immediate suspension of this service.

Please review the online security features, privacy policy, and terms of service made available on PB&J's website and application

Since my child(ren) are under that age of 18 years old, I, _____, certify that I am the parent/legal guardian of the individual named above, and have read, fully understand, and agree to all terms and conditions as outlined in this document, as well as that of PB&J TV, LLC.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent Signature: _____

Date: _____



Child's Photo Here

FOOD RESTRICTIONS

Child's Name _____

Date of Birth ____/____/_____

Please List Food Restrictions:

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

In order to ensure the safety of our children with allergies, please complete an **ALLERGY ACTION PLAN** if your child has a physician diagnosed allergy.

We will post your child's picture with this specific information in the kitchen and classroom.

This form must be updated annually on your child's birthday to ensure the best practices at our school. Please sign below indicating permission to post Food Restriction information.

Parent/Guardian Signature _____ Date ____/____/_____

Each Children's Lighthouse school is independently owned and operated, and each independent owner is solely responsible for complying with all laws, policies, procedures, and regulations.



Infant Care Instructions

Dear Parent/Guardian(s):

In order to serve your infant's needs in an individualized manner, we ask that you complete this form and return it to your child's teacher.

Please Note: All items brought to school must be labeled with your child's first name and last initial. This includes, but is not limited to the following: bottles, pacifiers, food jars/boxes, diaper cream, clothing, wipes, etc.

Child's Name: _____ Date of Birth: _____ / _____ / _____

Allergies

Food	
Skln	
Other	

Skin Care

Please Note: All diaper cream, lotion or ointment must be in its original container and labeled with your child's first name and last initial, and the date it was left at the school. Diaper cream, lotion, or ointment will only be administered in amounts according to the label directions.

Name of Cream or Ointment:	Expiration Date on Cream or Ointment:	Continue Cream or Ointment Until:
When is it to be applied?	How often should it be applied?	
Symptoms to look for:		

Name of Cream or Ointment:	Expiration Date on Cream or Ointment:	Continue Cream or Ointment Until:
When is it to be applied?	How often should it be applied?	
Symptoms to look for:		

Nap Schedule (Circle One)

On-Demand	Every _____ Hours
Strict Schedule (Please detail):	

Sleeping Position

Our school follows the safe sleep recommendations by always putting infants to sleep on their backs until 1 year of age, unless an Infant Sleep Exception letter is provided by the infant's health care professional.

Can your child roll over?	Yes	No
Does your child use a pacifier?	Yes	No
	If Yes, when?	



Infant Care Instructions – Continued

Child's Name: _____ Date of Birth: _____ / _____ / _____

Feeding Schedule (Circle One)

On-Demand	Every _____ Hours
Strict Schedule (Please detail): 	

Please Note: All left over food and contents of bottles will be disposed of at the end of the feeding.

What does your child drink?	Formula	Breastmilk	Whole Milk
If Formula, what type?			
Does your child like their bottle warmed?	Yes	No	
Does your child drink juice?	Yes	No	
If Yes, what type of juice?			

Diet: Please be specific regarding the type of foods your child eats.

Cereal	Meat
Vegetables	Fruits

Parent/Guardian Signature: _____ Date: _____ / _____ / _____

**This form must be updated every thirty (30) days, or as required by individual state and local standards.*

Update #1

Parent/Guardian Signature: _____ Date: _____ / _____ / _____

Update #2

Parent/Guardian Signature: _____ Date: _____ / _____ / _____

Update #3

Parent/Guardian Signature: _____ Date: _____ / _____ / _____



MENU

WEEK ONE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
POWER SNACK	Multi-grain Bagel with Low-Fat Cream Cheese	Whole Wheat Waffles w/ Powdered Sugar & Berries	Toast with Sun-butter and Jelly	Overnight Oats with Toppings	Cereal and Bananas
LUNCH	Cheese Pizza Broccoli Apple Slices	Chicken and Cheese Soft Tacos Black Beans Applesauce	Chicken Nuggets Spanish Rice w/ Veggies Peaches	Macaroni w/ Meat Sauce Chopped Salad Pineapples	Fish Sticks Green Beans Orange Slices
AFTERNOON SNACK	Pretzel Thins	Crackers with Hummus	Yogurt & Honey Graham Squares	Whole Wheat Crackers Cheddar cheese	Whole Wheat Goldfish
WEEK TWO	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
POWER SNACK	Cereal Bars	Vanilla Yogurt w/ Diced Apples	Toast & Jelly	Biscuit w/ Turkey Sausage	Cinnamon Toast w/ Fruit
LUNCH	Chicken Mashed Potatoes Pineapple	Turkey and Cheese Wraps French Fries Peaches	Corndogs Pinto Beans Applesauce	Macaroni & Cheese Green Beans Mandarin Oranges	Chicken Taquitos Spanish Rice Pears
AFTERNOON SNACK	Cheese Sticks with Whole Wheat Crackers	Trail Mix	Graham Crackers with Vanilla Pudding	Veggie Straws	Pirate Booty Popcorn
WEEK THREE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
POWER SNACK	Whole Grain Bagel with Cream Cheese	Cereal Bananas	Whole Wheat Cheese Toast	Pancakes Applesauce	French Toast Sticks Berries
LUNCH	Fish Sticks French Fries Mixed Fruit	Cheese Pizza Broccoli Applesauce	Steak Fingers Mashed Potatoes Pears	Chicken Pasta Bake Chopped Salad Pineapples	Cheese Quesadilla Black Beans Corn or Peaches
AFTERNOON SNACK	Cheez- Its	Fig Bars	Saltines & Sun-butter	Tiger Bites	
WEEK FOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
POWER SNACK	Whole Grain English Muffin w/ Sun-butter	Turkey Sausage Biscuits	Cereal	Blueberry Muffins	Fruit Cereal Bars
LUNCH	Teriyaki Chicken Broccoli w/ Rice Pineapple	Cheeseburger Pasta Sweet Peas Mandarin Oranges	Chicken Soft Tacos Pinto Beans Mixed Fruit	BBQ Chicken Sandwich Baked Beans Peaches	Ravioli Green Beans Applesauce
AFTERNOON SNACK	Animal Crackers	Goldfish	Whole Wheat Crackers w/ Cheddar Cheese	Nilla Wafers	Cheese Balls
WEEK FIVE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
POWER SNACK	Pigs In a Blanket	Cereal Bananas	Yogurt	Oatmeal Bars	French Toast Sticks w/ Powdered Sugar
LUNCH	Cheese Pizza Broccoli Mixed Fruit	Mac & Cheese Green Beans Mandarin Oranges	Turkey Cheese Wraps Fries Pineapple	Mini Corn Dogs Baked Beans Applesauce	Fish Sticks Pinto Beans Peaches
AFTERNOON SNACK	Pretzel Thins	Tiger Bites	Goldfish	Cheese and Crackers	Fig Bars

Milk and water are provided for a Power Snack and Lunch; Water is provided for Afternoon Snack. Cereal and Milk are served from 6:30 am - 7:30 am.

Alternatives are not provided by the school for allergies, parent preferences, and other exemptions.