



Dear Parent,

Welcome to Childrens 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 Admission Information:** 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.
 - **Physician/Hospital Information:** Include your child's physician's address and phone number. And or list a preferred hospital including the address and phone number.
- **Physician's Recommendation and Health Statement:** This form meets ADA requirements and gives us information on if the ratio for their age group is appropriate and your child is able to participate in group care.
- **Immunization Records:** please provide us with your child's current shot records.
- **Hearing & Vision Screening:** please provide us with a copy of your child's hearing/vision screening (if 4 years old and older)
- **Signed Tuition and Enrollment Agreement & Tuition Express Form:** Please read carefully, as this is your financial contract with us and outlines all relative fees. Ask your School Director if you have any questions or need clarification on any part of the contract.
- **Parent Handbook Acknowledgement Form:** Please provide the signed acknowledgement form.
- **Video Monitoring Agreement:** Please read and sign the acknowledgement form.
- **Allergy Alert and Action Plan:** If your child has a physician diagnosed allergy, please provide this form completed by your child's physician. Your child's allergy information will be posted in both the kitchen and the classroom. Please discuss medication procedures with your school director (such as epi pen or inhaler).

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 Childrens Lighthouse!

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

ENROLLMENT/ ADMISSION INFORMATION

| GENERAL INFORMATION | | | | | | | | | | |
|---|--|---------|---|----------------|---|-------------------------|--------------------|---------------|---------------|--|
| Facility Name: | | | | | 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: | | | | Home No. | | Parent/Guardian's Name: | | | Home Number: | |
| Address: (if different) | | | | | Address: (if different) | | | | | |
| Place of Employment: | | | Work Number: | | Place of Employment | | | Work Number: | | |
| Cell Phone Number: | | E-mail: | | | Cell Phone Number: | | E-mail: | | | |
| Name of person to call in case of emergency if parents / guardian cannot be reached: | | | Name: | | Address: | | | Phone Number: | | |
| | | | Relationship: | | City: | | | State: | | |
| I hereby authorize the child care facility to allow my child to leave the child care facility 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: | |
| 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 that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of: Yes No If yes, specify accommodations: | | | | | | | | | | |
| Does your child have diagnosed food allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> Allergy Action Plan submitted on: | | | | | | | | | | |
| | | | | | | | | | | |
| 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 | | | | | |
| SCHOOL AGE CHILDREN | | | | | | | | | | |
| My child attends the following school: | | | | | My child attends the following school & his/her immunization record & vision & hearing is on file at the school. All immunization, TB & hearing & vision tests are current. <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| 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 under 18 years old | | | | | | | | | | |
| | | | | | | | | | | |
| Signature – Parent or Legal Guardian | | | | | Date | | | | | |

ENROLLMENT/ ADMISSION INFORMATION

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the child care facility, one of the following must be presented when your child is admitted to the child care operation. (please only check one option)

1. ☐ **HEALTH CARE PROFESSIONAL'S STATEMENT:** I have examined the above-named child within the past year and find that her or she is able to take part in the child care program.

Health Care Professional's **Signature**:

Date Signed:

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis & treatment conflict with the tenets & practices of a recognized religious organization, which I adhere to or am a member of. I have attached a state approved signed & dated affidavit stating this.

Name & Address of Health Care Professional:

Signature – Parent or Legal Guardian

Date

CONSENT INFORMATION

CHECK ALL THAT APPLY:

1. Transportation

I hereby ☐ give ☐ do not give – my consent for my child to be transported and supervised by facility's staff:

☐ on field trips ☐ to and from home ☐ to and from school ☐ for emergency care

Initial _____

2. Field Trips

I hereby ☐ give ☐ do not give – my consent for my child to participate in field trips:

Initial _____

3. 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 _____

4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies located in the Parent Handbook, including those for:

- ☐ Discipline and guidance ☐ Suspension & expulsion ☐ Emergency plans ☐ Procedures for conducting health checks
☐ Safe sleep policy ☐ Procedures for release of children ☐ Illness & exclusion criteria ☐ Meals & food service practices
☐ Procedures for dispensing medications ☐ Procedures to visit the center without securing prior approval
☐ Immunization requirements for children ☐ Procedures for parents to discuss concerns with the Director
☐ Procedure for parents to participate in operation activities ☐ Received a Parent Handbook ☐ Gang free zone policy
☐ Procedures for parents to contact Child Care Licensing, Child Abuse Hotline, DFPS, & DFPS website

Initial _____

PHOTO RELEASE AUTHORIZATION

With the intent to be legally bound, I give Children's Lighthouse permission to take photos and school pictures of my child and use these photos for displays and/or marketing, website, flyers or brochures.

I hereby ☐ give ☐ do not give – my consent

Initial _____

CUSTODY INFORMATION

Initial: Is there a court order affecting the custody of this child? ☐ yes ☐ no If yes, you must provide a certified 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 & information.

Initial _____

ANNUAL UPDATES

Please verify your information and complete the box below.

By signing below, I acknowledge that I have reviewed the information on Admission Information form in its entirety & verified it for accuracy.

Signature – Parent or Legal Guardian

Date

By signing below, I acknowledge that I have reviewed the information on Admission Information form in its entirety & verified it for accuracy.

Signature – Parent or Legal Guardian

Date



Physician's Recommendation and Health Statement

Dear Physician,

Childrens Lighthouse provides a group childcare environment for children between the ages of six weeks and twelve years old. 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 | 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 | | | | | | | | |

Admission Signature Requirement: *Please check only one:*

- ☐ **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: *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.

Additional 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

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



2885 Waterbend Cove Drive, Spring, TX 77386

THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY Spring Lighthouse LLC
("WE," "US," OR "OUR")

TUITION AND ENROLLMENT AGREEMENT

This Childrens 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 Childrens 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. We will attempt to stay open during inclement weather; however, we will make announcements of School closings, late openings, or early dismissals on our School website or social media page and through local news stations, if available. **No adjustments or credits will be issued for school closings due to inclement weather, public holidays, teacher in-service and unforeseen circumstances (beyond our control) days.**

REGISTRATION, TUITION, AND FEES:

- **No Cash:** For the safety of our employees and the children in our care, this School does not accept cash. Please see your Center Director for payment options available at the center.
 - **Registration Fee:** Our registration fee of \$_____ per child / family 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 \$_____. A _____% discount is applied to your weekly tuition. Payments are **due in advance** on Monday. We reserve the right to refuse service for families who have an outstanding account balance at the end of the week. Full tuition is due for holidays and teacher in-service day closings observed by this School.
 - **Bi- Annual Curriculum Fee:**
 - Rooms 1,2: \$90**
 - Rooms 3, & 4: \$100**
 - Rooms 5,6,7,8 & 9: \$120**
 - Schoolers: \$75**
- 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.
- **Summer Camp Fees**
 - Rooms 4 to 6 \$65**
 - Rooms 7 & 8 \$85**
 - Rooms 9 & 10 \$175**

Summer Camp fees are due the first week of Summer.

- **Sibling Discount:** We offer a 10% 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 \$35.00 late payment fee will be charged if payment is not received by close of business Tuesday and a fee of \$10 will be charged per day thereafter.
- **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 \$35.00 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 \$2.00 per minute/per child for each minute you have not picked up your child past our closing time. (\$15.00 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 **\$25.00** daily fee for school-age children when their public school is out for holidays or teacher in-service days or due to inclement weather.
- **Early Release** There is an additional **\$10 / day** fee for school age children when school is out for early release.
- 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 **\$225 /week** 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 2:00 pm on the day service is not needed.

ABSENTEE CREDIT:

- Absentee credit applies to **full-time enrollment only**.
- Absentee credit does not apply to infants (0-24 months old).
- Absentee credit is calculated on Full Tuition Charge 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 at a time.



2885 Waterbend Cove Drive, Spring, TX 77386

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("WE," "US," OR "OUR")**

TUITION AND ENROLLMENT AGREEMENT

- 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.
- Absentee credit is available for up to 5 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 3 or more 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 3-day 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

- **Camera Access:** Access will be given once the online viewing agreement has been signed. Access will be provided only to the primary and secondary payer on the family account.

- 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.

NO WEAPONS POLICY

- Pursuant to Company Policy and State Licensing Standards, weapons of any kind, to include but not limited to any and all firearms, knives, swords, crossbows, and Tasers, are NOT permitted or allowed in the center. See Texas Department of Family & Protective Services Minimum Standards for Child-Care Centers §746.3707 (a) & (b).

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

WITNESSED BY ABOVE-SIGNED SCHOOL DIRECTOR

DATE

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III, and Civil Rights Regulations. If you believe that an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at: 800-414-0301 or 800-514-0383 (TTY). A copy of Texas licensing standards is available for you to review upon request of management personnel. You can also access a copy of your licensing standards on the website: www.dfps.state.tx.us. Our regulatory agency number is 1540113. Regulatory visit reports for our school are posted in the front area. Suspected child abuse must be reported to the Child Abuse Hotline at 800-252-540

Acknowledgment of Receipt

I have read and fully understand the policies and procedures set forth in the Childrens Lighthouse Learning Centers™ Parent Handbook and Parent Handbook Addendum (**Texas Center Specific Form**).

I have reviewed either a printed or electronic copy of the "Handbook" and "Addendum" (available under the "For Parents" section in the company website at childrenslighthouse.com/spring and listed under "Handbook" and "Addendum") I am aware of the availability of these documents on the company website for my future reference.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date





Online Viewing Agreement

I understand that I have enrolled my child or children at Spring Lighthouse LLC, dba Childrens Lighthouse of Spring-Harmony located at 2885 Waterbend Cove Drive, Spring, TX 77386, also referred to herein as the "Child Care Center".

The Child Care Center has a program whereby webcams are in use and my children 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, LLC website (also referred to herein 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 above. I agree that these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings 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 web streaming and video/audio recordings. I understand that legal action can be taken against me by PB&J or Childrens Lighthouse of Spring-Harmony for such copy right infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

*Please review online security features, privacy policy, and terms of service made available on pb&j TV's website.

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 its terms.

Child(ren) Name(s): _____

Print Name: _____

Signature: _____

Date: _____



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: _____



FOOD RESTRICTIONS

Child's Name _____

Date of Birth _____

Child's Photo Here

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 Learning Franchise Center is independently owned and operated.



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

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (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 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 revocation.**

☐ Visa ☐ MasterCard

| | | | | |
|--|-------|---------|--|------|
| Cardholder Name | | Phone # | Account Number | |
| Cardholder Billing Address | | | Expiration Date | |
| City | State | Zip | Cardholder Signature | Date |
| <div>For Official Use Only: Date Received: _____ Employee Signature: _____</div> | | | 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.

For Visa and MasterCard: 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.



CVV

CVV Number:

I understand all credit card charges inquire a 2.25% convenience fee.

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 | | 18-4026/2349 | 1420 |
| PAY TO THE ORDER OF _____ | | DATE _____ | \$ _____ Dollars |
| Anytown Bank Anytown, OR 97502 | | | |
| Memo _____ | | | |
| ⑆ 0574 2104 ⑆ 578 245 ⑆ 14 20 | | | |
| Routing Transit Number | Account Number | Check Number | |