



## School-Age Pre-Enrollment Form 2021-2022 School Year

<b>Child's Name:</b>		
Child's Date of Birth:	Age:	Gender:
Street Address:		Phone Number:
City:	State:	ZIP Code:
Primary Guardian's Name:		Employer:
Daytime Phone:	Cell Phone:	Email Address:
Secondary Guardian's Name:		Employer:
Daytime Phone:	Cell Phone:	Email Address:

School-Age Desired Program(s)*: (Please circle all that apply)					
Full Time	Part Time				
	M	T	W	TH	F

<b>Anticipated Start Date:</b>
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Please provide the following information:		
Day of the Week	Is transportation required to/from school?	Approximate times your child will be in attendance at Children's Lighthouse?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

<b>Name of School Attending:</b>		
Address:	School Start Time:	School End Time:

### **Guardian Acknowledgment**

<i>*I certify that the information given in this document is correct to the best of my knowledge.</i>	
Signature of Parent/Guardian:	Date Signed:

Children's Lighthouse of [LOCATION] 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.