



"A Beacon of Hope in Early Childhood Education" John 8:12

Child Enrollment Form

#3
P1

NOTE: Enrollment Packet must be completed and legibly before enrollment is granted.

Today's Date: ___/___/___ **Date child will attend** ___/___/___
___ Parent/guardian's initials here

Child's complete name _____ Child's Date of Birth _____ Male ___ Female ___

Child's Address, City & Zip _____

***Please** provide a copy of (Peach Care, Medicaid, Insurance, Etc.) ***Provide** Form 3241 Updated Shot Records

Child's Physical Information:

Doctor's Complete Name _____ Phone #s _____

Address _____ List any allergies or special needs _____

Parent Information: ___ Married ___ Single ___ Divorced (If so, who has legal custody?)

Child's Lives with: ___ Both Parent ___ Mother only ___ Father only

May non-custody parent pick up child? ___ Yes ___ No. If no, attach legal documents.

Enrolling parent/guardian's name _____ Relationship to child _____

Home Address, City & Zip _____

Home Phone _____ Cell Phone _____ Email _____

Work/School Phone _____ Supervisor's/Teacher's name & ext. _____

Place of Employment _____ Work Address _____

Father's Name _____

Home Address, City & Zip _____

Home Phone _____ Cell Phone _____ Email _____

Work Phone _____ Supervisor's name & ext. _____

Place of Employment _____ Work Address _____

PERMISSION TO PICK CHILD UP FROM LIGHTHOUSE:

The child will only be released to the listed people on this enrollment form.

1. Name _____ Address, City & Zip _____ Phone#s _____

2. Name _____ Address, City & Zip _____ Phone#s _____

Two(2) Emergency Contacts other than Parents Listed can pick child up:

1. Name _____ Address, City & Zip _____ Phone#s _____

2. Name _____ Address, City & Zip _____ Phone#s _____

Attendance & Tuition Information:

Arrival Time _____ am to Depart _____ pm **Evening**(When available) Arrival _____ pm Depart _____ pm

Circle Days to Attend: Mon Tues Wed Thurs Fri **Registration Annual:** \$50.00 per child

Weekly fees due on Monday by 6pm & will be paid by: ___ Private Pay or ___ DFCS & Parent Fees

Late Fees are \$5.00 after 6pm on Mon.& \$1. per day until paid. **Late Pickup**-\$1 per min. after 5mins.

Category of Care: **Full Time** (no more than 10 hrs. daily) **\$90/\$85** **After School**-\$40

Drop-In \$25 (up to 8 hrs daily w/ completed forms per available space) **Christmas, Spring & Summer Camp (\$85)**

Enrolling parent/custodian's signature _____ **Date** _____

Be sure to sign all forms on the Enrollment checklist to ensure eligibility for enrollment.

This institution is an equal opportunity provider

➤ Complete Back Page 2