

NOTE: Enrollment Packet must be completed and legibly **before enrollment** is granted. **Parent/guardian's initials here**

Today's Date: _____ / _____ / _____ **FIRST DAY ATTENDANCE** _____ / _____ / _____

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: _____ **COVID19 TEST/DATE RESULTS:** _____

Doctor's Complete Name _____ Phone #s _____

Address _____ List any allergies or special needs _____

Parents 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 _____

Cell Phone _____ Email _____ Home Phone _____

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

Place of Employment _____ Work Address _____

Father's Name _____

Home Address, City & Zip _____

Cell Phone _____ Email _____ Home Phone _____

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 Informaiton: **CIRCLE** DAYS OF ATTENDANCE: **M T W T H F**

TUITION FOR CHILD'S SLOT IS DUE WEEKLY WHETHER CHILD ATTENDS OR NOT.

Registration Annual: **\$80.00** per child/PER year Arrival Time _____ am to Depart _____ pm

Weekly Tuition due on Friday by 5pm & will be paid by: ___ Private Pay or ___ CAPS & Parent Fees

Late Fees are **\$20.00** after 5pm on Fri. **Late Child Pickup-\$10 the first 5mins.** \$1 per minute afterwards

Category of Care: Full Time **\$105.00** After School-**\$50** Drop-In **\$50** (paid in advance & if available space)

Christmas, Spring, Summer Camps (**\$105**) SEE Policies and Procedures for more information.

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

Be sure to sign all forms on the Enrollment checklist to ensure eligibility for enrollment. A **written two-week's notice** must be given before withdrawal and ending Parent/Provider Agreement.