

2010-2011 ENROLLMENT FORM

**LIGHTHOUSE
CHRISTIAN
FELLOWSHIP**
972-562-2500
4255 E. Prosper Trail
Prosper, TX 75078
Susan Ellis, Director
sellis@l-c-f.com

LITTLE LIGHTHOUSE PRESCHOOL
www.l-c-f.com -click on "Lighthouse"

Child's Name _____ Sex _____ Date of Birth _____
(Last, First, Middle)

Home Address _____ Age as of 09/01/10 _____

City _____ Zip _____ Home Phone # _____

Mother's Name _____

Home Phone # _____ Cell # _____

Employer _____

Work Phone # _____ Email Address _____

Father's Name _____

Home Phone # _____ Cell # _____

Employer _____

Work # _____ Email Address _____

How did you hear about us? _____

Church Currently Attending _____

Name & Age of Siblings _____

FOR OFFICE USE ONLY:

DATE OF ADMISSION: _____
CHECK #: _____ Reg. Amount: _____
DATE OF WITHDRAWAL: _____

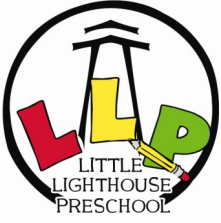
DAYS ENROLLED:

_____ Tuesday/Thursday
_____ Tuesday/Wednesday/Thursday
_____ Class Assignment

PAPERWORK:

_____ Reg. Fee
_____ Parent Authorization
_____ Health Form
_____ Medical Release
_____ Shot Records
_____ Hearing and Vision

Childs Name: _____



Parent Authorization and Acknowledgement Little Lighthouse Preschool

I. Release of Child and Emergency Contacts

In the event that either parent cannot pick up their child, I authorize Little Lighthouse Preschool to allow my child to leave this facility with the following people. Please include **ALL** information.

Name _____ Driver's License # _____

Address _____

Phone Number _____

Name _____ Driver's License # _____

Address _____

Phone Number _____

Name _____ Driver's License # _____

Address _____

Phone Number _____

II. Photographs

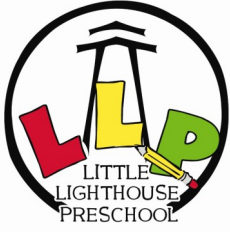
As your child participates in the program throughout the year, we would like to take some pictures to put together Memory Books. Pictures may also used for marketing or advertising purposes. Your signature below gives your consent for your child to be photographed.

Parent Signature _____ Date _____

III. Parent Handbook and Discipline & Guidance

I acknowledge the access to the Little Lighthouse Preschool Parent Handbook with our discipline policies at www.l-c-f.com and click on Little Lighthouse Preschool. I will carefully read the rules, regulations and policies of the handbook. I agree to abide by these policies and ask for explanations of anything that is not clear to me.

Parent Signature _____ Date _____



Childs Name: _____

Health Form and Medical Release

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize **Little Lighthouse Preschool** staff to take my child to an Emergency Room or to the following physician or his/her associated, for medical care.

Child's Physician Name _____ Office Phone# _____

Doctor's Office Address _____

Hospital Preference _____

Medical Insurance Plan _____ Group # _____ Policy # _____

Parent's Signature: _____ Date: _____

Allergies or Existing Illnesses: _____

3 THINGS NEEDED FROM YOUR PHYSICIAN:

1. Medical Release for _____ (child's name)

The above named child has been examined by a physician and found to be free of infectious diseases and able to participate in group activities at Little Lighthouse Preschool.

***Doctor's Signature** _____

***Doctor's Printed Name** _____

2. Shot Records: Please attach a copy of your child's current shot records to this form.

3. Hearing and Vision Requirements for 4 & 5 year olds: Please attach a copy of child's Hearing and Vision results from physician **OR** LLP provides this service from LeMaster Vision and Hearing for a cost of \$15 to be paid at time of service.

Please check one:

____ Copy is attached ____ I will use LeMaster ____ Not applicable-my child is under 4 years old