

## **LCLC Entrance Requirements:**

- All children must be the age of the program they are entering by Sept. 1, 2020.
- All children entering the threes program must be potty trained.
- A record of immunizations must be received for all children to enter LCLC or a religious waiver presented to be kept on file.

## **Programs for 2020-2021:**

<b>Class</b>	<b>Days/Hours</b>	<b>Tuition Rate</b>	<b>Reg. Fee</b>	<b>Supply Fee</b>
Young/Older Twos	TTH (9-12:30)	\$260	\$260	\$65
Three Day Threes	MWF (9-1:00)	320	320	70
Four Day Threes	M-TH (9-1:00)	350	350	75
Four Day Fours	M-TH (9-1:00)	360	360	85
Five Day Fours	M-F (9-1:00)	380	380	90
Multi-Age Kindergarten	M-F (9-1:00)	395	395	100

**\*Registration fees and supply fees are one time fees that are not refundable.**

**\*Children that turn 5 by Sept. 1, 2020 or have completed a four-year-old program have first priority in registering for our multi-age Kindergarten program.**

## **Lighthouse Christian Learning Center:**

- Established in June, 2000
- Conveniently located on Gregorie Ferry Road
- Small class size and student/teacher ratio
- Focused on developing reading, math, science, and art skills
- Weekly Chapel led by Director
- Weekly Music, Fun and Fitness class which includes music, movement, physical education, science and structured games
- Weekly Spanish class for ages three, four, and five
- Afterschool Enrichment Programs and Extended Stay Program
- Offering Zoo Phonics and Handwriting Without Tears Curricula
- Ministry of Lighthouse Church
- Darkness to Light – Partner in Prevention

**[www.lclcmtpleasant.com](http://www.lclcmtpleasant.com)**

**Julie Allen – Director – [allenjulie@comcast.net](mailto:allenjulie@comcast.net)**

**843-881-1213 (Phone)**

**843-881-0252 (Fax)**

# Registration Form

\_\_\_\_\_ Two Day Twos  
\_\_\_\_\_ Three Day Threes  
\_\_\_\_\_ Four Day Threes

\_\_\_\_\_ Four Day Fours  
\_\_\_\_\_ Five Day Fours  
\_\_\_\_\_ Multi-Age Kindergarten

Teacher Preference: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

## Parent or Guardian Information:

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Family Information:

Siblings (Indicate whether or not they live with your child): \_\_\_\_\_

\_\_\_\_\_

Please list any other persons living with your child and their relationship to

your child: \_\_\_\_\_

**Healthcare Information:**

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

General health of your child: \_\_\_\_\_

Has your child ever had any communicable diseases? \_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

List any health issues or other difficulties your child has that require special attention: \_\_\_\_\_

Please indicate any medication that needs to be kept at school and procedures for dispensing it: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency Information:**

In the event of an accident that requires immediate first aid or medical treatment at a time when a parent cannot be located, I give permission to Julie Allen, LCLC Director or LCLC staff designee, to authorize such treatment. I also authorize the transfer of medical information, if deemed necessary to the appropriate medical professional or hospital. This is done with the understanding that every attempt has been made to contact the parents, the child's physician, or other persons listed for emergency contact. Please list 3 persons and phone numbers other than parents that may be contacted in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pickup Information:**

I give permission to Lighthouse Christian Learning Center to release my child to the following persons (other than myself) \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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