

LCLC Entrance Requirements:

- All children must be the age of the program they are entering by Sept. 1, 2024.
- 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/letter stating you have chosen not to vaccinate presented to be kept on file.

Programs for 2024-2025:

Class	Days/Hours	Tuition Rate	Reg. Fee	Supply Fee
Young/Older Twos	TTH (9-12:30)	\$290	\$290	\$80
Three Day Threes	MWF (9-1:00)	350	350	90
Four Day Threes	M-TH (9-1:00)	380	380	95
Four Day Fours	M-TH (9-1:00)	390	390	105
Five Day Fours	M-F (9-1:00)	410	410	105
Multi-Age Kindergarten	M-F (9-1:00)	425	425	115

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

***Children that turn 5 by Sept. 1, 2024 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 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

Julie Allen – Director – julieallen.lclc@gmail.com

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 and other family members (that live with you): _____

Church Affiliation: _____

Do you own a business that may be interested in partnering with us? _____

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 Name: (Print) _____ Signature: _____