

# 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:

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: \_\_\_\_\_

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

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

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

Does your child have any medical, physical, emotional, or developmental conditions we should be aware of to better support their learning, safety, or participation? \_\_\_\_\_

If so, explain: \_\_\_\_\_

Does your child receive any therapy (physical, speech, occupational therapy, etc.)? \_\_\_\_\_

If so explain: \_\_\_\_\_

**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:

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**Pickup Information:**

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

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## **Emergency Card**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

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

Please list any allergies that your child has that we need to be aware of:

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What Protocol needs to be followed if your child has an allergic reaction?

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Do we have permission to give your child Benadryl if it appears that they have had an allergic reaction and they are having difficulty breathing, after calling 911?  
\_\_\_\_\_ Yes or No

Do we have permission to give your child Tylenol for a high fever with verbal approval while you are enroute to pick up? \_\_\_\_\_ Yes or No

Dad's work #: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

Mom's Work #: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_

Please list 2 other people we can call in case of an emergency if we cannot reach you:

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Lighthouse Christian Learning Center Permission Form**

**Child's Name:** \_\_\_\_\_

I give permission for my child's picture to be used in the classroom, school videos, brochures, newsletters, and website.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

I give permission for my child's picture to be put on the LCLC Facebook/Instagram page and the class Bloomz app. We have a closed Facebook/Instagram group for LCLC families where we will be posting.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Class rosters are very helpful when planning parties and play dates, as well as organizing carpools. I give permission for my child's name, address, birthday, phone number, and parent name/email address to be included in these lists.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

### **Authorization to Release Information**

\_\_\_\_\_ I authorize LCLC to give out information regarding my child to carpooling parent that will be dropping off/picking up my child.

\_\_\_\_\_ I do not authorize LCLC to give out information regarding my child to carpooling parent that will be dropping off/picking up my child.

The following people may be given information regarding my child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **VACCINATION STATUS:**

\_\_\_\_\_ My child is up to date on all vaccinations and form is attached.

\_\_\_\_\_ My child has an altered schedule/vaccinations are being administered slowly and form is attached.

\_\_\_\_\_ My child is not vaccinated and I do not plan to vaccinate my child. A statement or religious exemption will be forwarded to the school.

Parent Electronic Signature: \_\_\_\_\_