

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: _____

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:

Pickup Information:

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

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:

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

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: _____