

Lighthouse Prep

Application for Enrollment

Child's Information

Name: _____
Last First Middle Nickname

Address: _____
Street City State Zip

Sex: Male Female Date of Birth: ___/___/___ Date of Enrollment: ___/___/___

Days of Care MON TUES WED THURS FRI Hours of Care: _____ to _____

Mother/Guardian's Information

Name: _____
Last First Middle Nickname

Address: _____
Street City State Zip

Driver's License Number: _____

Home Phone: (____) - ____ - ____ Email Address: _____

Employer's Name: _____

Work Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Father/Guardian's Information

Name: _____
Last First Middle Nickname

Address: _____
Street City State Zip

Driver's License Number: _____

Home Phone: (____) - ____ - ____ Email Address: _____

Employer's Name: _____

Work Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

1. Name: _____ Address: _____ Home Phone: (____)-____-____ Work Phone: (____)-____-____ Cell Phone: (____)-____-____
2. Name: _____ Address: _____ Home Phone: (____)-____-____ Work Phone: (____)-____-____ Cell Phone: (____)-____-____
3. Name: _____ Address: _____ Home Phone: (____)-____-____ Work Phone: (____)-____-____ Cell Phone: (____)-____-____

Who does child live with? Mother Father Both Other: _____

Who has custody of child? Mother Father Both Other: _____

Has your child attended a childcare center before? Yes No

Names of previously attended childcare centers: _____

Does your child attend school? Yes No

Will Lighthouse Prep pick your child up from school? Yes No

Name of school your child is currently enrolled in: _____

Helpful Information About Your Child

State Requirements

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER".
- Section 65C-22.006(4)(c)2., F.A.A., requires that parents are notified in writing of disciplinary practices used by the child care facility.
- Receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents.

By signing below, you verify that you received the above items and that all information on this enrollment form is complete and accurate.

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

Authorization for Emergency Medical Care

License # C07SJ0092

In order to meet all legal requirements, I hereby authorize Lighthouse Prep to give consent for any and all necessary emergency medical care for my child _____ while said child is in the custody of Lighthouse Prep.

First Last Middle Initial

Signature of Parent or Guardian

State of Florida

County of Saint Johns

Before me the undersigned authority, on this day personally appeared _____.
Known to be the person whose name is subscribed above, and acknowledged to me he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____ 20____

Notary Public for Saint Johns County, Florida.

(SEAL)

Signature of Notary

My commission expires ____/____/____

Medical Information

I hereby grant permission for the staff of Lighthouse Academy to contact the following medical personnel to obtain emergency medical care if warranted.

1. Doctor's Name: _____
Last First

Address: _____
Street City State Zip

Phone: (____)-____-____ Fax: (____)-____-____

2. Doctor's Name: _____
Last First

Address: _____
Street City State Zip

Phone: (____)-____-____ Fax: (____)-____-____

Hospital Preference: Flagler Other: _____

Emergency Phone Numbers: _____

Do you have health insurance? Yes No Policy name & number: _____

Do you receive medical assistance? Yes No Program & care number: _____

Date of last Tetanus shot: ____/____/____

Allergies, special medical or dietary needs, or any other areas of concern: _____

IMPORTANT INFORMATION FOR PARENTS

Within thirty days (30) of your child's enrollment, Florida Law requires you to provide the day care operator with two very important items which verify your child's health status. Your center has the option to require both of these important items prior to the first day of attendance.

1. **Physical Examination** – Each child must have a valid health examination certificate (Student Health Examination Form HRS-3040). The certification must be signed by a medical professional and is valid for two years from the date the physical examination was conducted.

2. **Current Florida Certificate of Immunization** – Florida law requires that your child's immunization information be written on a large blue card called a "680" form.

Both of these forms are available from your pediatrician, family doctor or local public health department. They are familiar with these forms and are aware parents need to provide them to childcare providers.

These documents should have your child's name, date of birth and an authorized signature. The large blue immunization card must have the immunization information and an expiration date. As a consumer, you have the right to receive correct and accurate information. If the forms they give are incomplete, do not leave!

If you have recently moved here from another state, you will need to take your child's immunization record to a local pediatrician or health department for a valid 680 form.

If you cannot get an appointment with your doctor, the health department can provide you with the needed shots. The health department gives shots each weekday, between 9am and 4pm without an appointment and at no cost. The St. Johns County Health Department's phone number is (904)-825-5055.

You should be aware that the daycare center can receive an administrative fine for failing to have this information. **Even more importantly, they will be required to exclude your child from attending daycare until it is received.** Please cooperate with your daycare center in obtaining these vital records. Should you have any questions, please contact your local county public health unit.

Any child in daycare will also need Varicella starting at ages 12 months to 18 months. This is mandatory to attend daycare.

Childcare Enrollment Agreement

Parent Director

(Financial Terms and Conditions)

Initials Initials

- ____ * I agree to pay an annual supply fee of \$70(excluding VPK). This fee is due by Sept. 15th.
- ____ * I agree that my child will participate in the education program for which my child is eligible.
- ____ * Tuition is due on Monday of each week. I understand a late fee of \$10 per day will be assessed to my tuition if not received by 12pm Wednesday of each week.
- ____ * I agree to pay the weekly tuition as stated below for which my child is eligible.
- ____ * I agree that if my childcare tuition is funded by the School Readiness Services and my agreement is terminated, that I will pay my child's tuition at the current full time rate.
- ____ * I agree to pay any returned check fees, which I may be charged as stated below. Lighthouse Prep reserves the right to refuse payment by check.
- ____ * In the case of a withdrawal from the center, I agree to give the center a **two weeks written notice** prior to the withdrawal date.
- ____ * I agree and understand my child is allowed fifty (50) hours a week. With the maximum of 10 hours per day.
- ____ * I agree to pick up my child no later than 6:30pm and understand that the late fee is \$1.00 per minute.

Child's Name: _____

Date of Enrollment: ____/____/____

Fee Schedule

Returned Check: \$40.00

Weekly Tuition: \$_____ Late Payment: \$10.00 per day Additional: \$_____

Certification: I certify that I have read and understand the information contained in this Enrollment Agreement. I agree to the financial terms and conditions and to the fees listed above.

X _____
Signature of Parent/Guardian

_____/_____/_____
Date

X _____
Signature of Director

_____/_____/_____
Date

Print Parent/Guardian

_____/_____/_____
Date

Print Director

_____/_____/_____
Date