



Enrollment Form

A non-refundable enrollment fee of \$55.00 is due at the time of enrollment.

Student's Information

Student's Name _____

(First)

(Last)

(Middle)

Preferred Name: _____ **Title:** _____ **Grade Level** _____

Date of Birth: _____ **Gender:** _____

Lighthouse Day School LLC



Primary Family Information

Address Line: _____

City: _____ **State:** _____ **Zip Code** _____

Home Phone 1: _____ **okay to list? Yes /No**

E-Mail Address: _____ **okay to list? Yes/ No**

Parent's Information

Father's Name _____

(Last) _____ **(First)** _____ **(Middle)** _____ **(Suffix)** _____

Preferred Name: _____ **Title:** _____

E-Mail Address: _____

Cell Phone: _____ **Pager:** _____ **Emergency Contact:Yes/No**

_____ **Allowed to pick up Yes/ No**

Employer: _____ **Job Title:** _____

Business Phone 1: _____ **Ext:** _____ **Phone 2:** _____ **Ext.** _____

Business E-Mail _____ **Fax:** _____

Lighthouse Day School LLC



Mother's Information

Mother's Name: _____

Last _____ **First** _____ **Middle** _____ **Suffix** _____

Preferred Name: _____ **Title:** _____

E-Mail Address: _____

Phone: Home: _____ **Cell:** _____

Work: _____ **Ext:** _____

Employer: _____ **Job Title** _____

Business E-Mail: _____ **Fax:** _____

Emergency contact: Yes/No

Allowed to pick up: Yes/ No

Emergency Information

Contact Name _____ **Relation:** _____

Phone: Home _____ **Business:** _____ **Cell:** _____

Contact Name _____ **Relation:** _____

Phone: Home _____ **Business:** _____ **Cell:** _____

Lighthouse Day School LLC



Medical Contacts

Physician: _____ **Phone Number:** _____

Dentist: _____ **Phone Number:** _____

Hospital: _____ **Phone Number:** _____

Insurance: _____ **Policy Number:** _____

Pickup Information

Name: _____ **Phone:** _____ **Relation** _____

Name: _____ **Phone:** _____ **Relation** _____

Name: _____ **Phone:** _____ **Relation** _____

How did you hear about us?

Church Member: _____ **Friend** _____ **ERC** _____ **Other** _____

Lighthouse Day School LLC



Days to attend:

Full day: Mo – Fri. _____

Part-time: Mo – Fri. _____ **AM** _____ **PM** _____

(Signature Parent/Guardian)

(Signature Director Lighthouse)

(Date)

For official use only

Registration Fee paid: _____ **Child 1** _____ **Child 2** _____

Check # or Rcpt # _____ **Lighthouse Day School**