



LIGHTHOUSE CHRISTIAN DAYCARE

2020 Bedford St.
Cumberland, MD 21502
Phone: 301-777-7689
Fax: 301-777-3497

Fall New Enrollment

I. CURRENT STUDENT INFORMATION

Parent(s)/Guardian(s) Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Child's Name _____ DOB: _____ Boy Girl

Child's Name _____ DOB: _____ Boy Girl

Child's Name _____ DOB: _____ Boy Girl

Child's Address: _____
(if different than Parent's address)

II. SCHEDULE

Please check box beside the days scheduled. Also, please check which class your child will be attending next school year as well as estimated time arriving and leaving each day.

<u>Day</u>	<u>Arrival/Departure</u>	<u>Class (Age as of Sept. 1st)</u>
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> 2 yr. old
<input type="checkbox"/> Tuesday	_____	
<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> 3 yr. old
<input type="checkbox"/> Thursday	_____	
<input type="checkbox"/> Friday	_____	<input type="checkbox"/> Pre K 4

• Please check if your child is wearing diapers or pull-ups:

• Please check one of the following:

- Preschool Only (8:30 a.m.-11:30 a.m.)
- Preschool thru Lunch (8:30 a.m.-12:30 p.m.)
- Full Day

• Expected Start Date: _____

• Vacation Date (if known): _____ (Children must come 3 full days or more to qualify, and it is to be used when child is out of daycare for an entire week.)

Office Use Only	
<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

Total:	_____

III. FINANCIAL RESPONSIBILITIES:

- Fall Registration Fee**
 - A \$55.00 (non-refundable) full registration fee can be paid
OR
 - A \$25.00 (non-refundable) registration deposit
can be made to secure your child's placement. The deposit is deducted from
total registration fee.

- Fall Book Fee** (effective June 6, 2022)
 1. 2 yr. old class \$45.00
 2. 3 yr. old class \$45.00
 3. PreK-4 class..... \$75.00

**The full Fall Registration Fees and Fall Book Fees must be paid by July 7, 2023.

Check box below all that apply:

- Registration Deposit(s) enclosed
- Registration Fee(s)
- Book Fee(s)

I hereby apply for enrollment for the above-mentioned student.

Signed: Father: _____ Date: _____

Mother: _____ Date: _____

IV. HEALTH INFORMATION:

Known Allergies: _____

Has your child ever been stung by a bee? ____ Yes ____ No

Has your child ever had peanut butter? ____ Yes ____ No

V. ADDITIONAL INFORMATION:

Name of Church you attend: _____

Name of Pastor: _____

Are you a member: Yes No

Approx. mileage from your home to Lighthouse Christian Daycare: _____

Director's Signature: _____

Office Use Only:

Date: _____

Amt. Pd.: _____

Ck. # _____

R # _____

Cash

