



# LIGHTHOUSE CHRISTIAN DAYCARE

2020 BEDFORD ST.  
CUMBERLAND, MD 21502  
PHONE: 301-777-7689  
FAX: 301-777-3497

## Fall Re-Enrollment Form

**School Year:** \_\_\_\_\_

### I. CURRENT STUDENT INFORMATION

Parent(s)/Guardian(s) Name: \_\_\_\_\_

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

Mother's Phone: \_\_\_\_\_ Father's 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. 1<sup>st</sup>)</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

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

• Expected Start Date: \_\_\_\_\_

• Vacation Date (if known): \_\_\_\_\_ (Children must come 3 days or more to qualify and it is to be used when child is not in daycare for an entire week.)

**III. FINANCIAL RESPONSIBILITIES**

a. 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.

b. Fall Book Fee\*\* (effective Fall 2023)

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)

Office Use Only:
Date: _____
Amt. Pd.: _____
<input type="checkbox"/> Ck. # _____
<input type="checkbox"/> R # _____
<input type="checkbox"/> Cash
_____
_____

I hereby apply for re-enrollment for the above-mentioned student(s) for the upcoming school year. Parent or guardian responsible for payment must sign.

Signed: Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Cathy Garthwait, Director

