



LIGHTHOUSE CHRISTIAN DAYCARE

Phone: 301-777-7689 / Fax: 301-777-3497

Email: lcdc03@yahoo.com

Office Use Only

- 2 yr. old Class #1
- 2 yr. old Class #2
- 3 yr. old Class #1
- 3 yr. old Class #2
- 4 yr. old Class #1
- 4 yr. old Class #2

2024 - 2025 Fall NEW Enrollment

I. NEW STUDENT INFORMATION

Child's Name	DOB		Child's age as of Sept. 1st
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	

Child's Address (Street No., City, State & Zip)

Parent/Guardian 1	Parent/Guardian 2
Father's Name:	Name:
Address: (if different from child's)	Address: (if different from child's)
City: State: Zip:	City: State: Zip:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:

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.

Day	Arrival/Departure
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	

Classroom
<input type="checkbox"/> 2 yr. olds
<input type="checkbox"/> 3 yr. olds
<input type="checkbox"/> 4 yr. olds

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

<input type="checkbox"/> Registration/Deposit Rec'd
<input type="checkbox"/> Tour

• 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
- Wearing diapers or pull-ups

• 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.)

III. FINANCIAL RESPONSIBILITIES:

Fall Registration Fee**	Fall Book Fee** (effective Fall 2023)
A \$55.00 (non-refundable) full registration fee can be paid	2 yr. old class \$45.00
<u>OR</u>	3 yr. old class \$45.00
A \$25.00 (non-refundable) registration deposit can be made to secure your child's placement. The deposit is deducted from total registration fee.	Pre K-4 class \$75.00

Office Use Only:

Date: _____

Amt. Pd.: _____

Ck. # _____

Cash

R # _____

**The full Fall Registration Fees and Fall Book Fees must be paid by Friday, July 12, 2024.

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: _____

2/29/2024

