

The Lighthouse

@ Hartselle Church of Christ

Preschool and Mother's Day Out Program

Registration Form: 2023-2024

\$70 Registration Fee

Child's full name: _____

Name child goes by: _____ Birthdate: _____ Age: _____

Address: _____

Parents/Guardians: _____

Does child live with: both parents, mother, father or guardian? (circle one)

Email Address: _____

Home Phone: _____

Father/Mother Employer(s): _____

Work #: _____

Cell #: _____

Days Attending: Monday, Tuesday, Thursday

(Circle which days your child will be attending)

Monthly Tuition Rates:

2 Days per Week-\$160.00

3 Days per Week-\$195.00

Who will be picking up your child?

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ **Relationship:** _____

Phone: _____

Is there anyone that you DO NOT want your child to be released to?

Child's Doctor: _____ **Phone:** _____

Allergies: _____

Other medical information: _____

**PLEASE NOTE THAT THE LIGHTHOUSE IN AFFILIATION WITH HARTSELLE CHURCH OF CHRIST RESERVES THE RIGHT TO TURN AWAY ANY CHILD THAT WE FEEL WOULD NOT BE A GOOD FIT FOR OUR PROGRAM. IF YOUR CHILD HAS A SEVERE ALLERGY OR MEDICAL CONDITION, WE ASK THAT YOU SEEK OTHER RESOURCES AS WE DO NOT HAVE MEDICALLY TRAINED STAFF ONSITE (ASIDE FROM BEING CPR AND AED CERTIFIED). WE WILL NOT ADMINISTER MEDICATION WHILE THEY ARE IN OUR CARE. WE ARE ALSO NOT AN EARLY INTERVENTION PRESCHOOL. IF YOU WOULD LIKE A LIST OF LOCAL RESOURCES, PLEASE CONTACT US AND WE CAN HELP DIRECT YOU.

Parent Signature: _____

Date: _____

Received the Handbook, signed and returned the last 3 pages:

Date: _____