



2021-2022

Application for Enrollment

Child's Information

Name: _____

Address: _____

Sex: Male Female Date of Birth: ____/____/____ Date of Enrollment: ____/____/____

Days of Care: MON TUES WED THURS FRI Hours of Care: _____ to _____

Mother/Guardian's Information

Name: _____

Address: _____

Driver's License Number: _____

Home Phone: (____) - ____ - _____ Email Address: _____

Employer's Name: _____

Work Phone: (____) - ____ - _____ Cell Phone: (____) - ____ - _____

Father/Guardian's Information

Name: _____

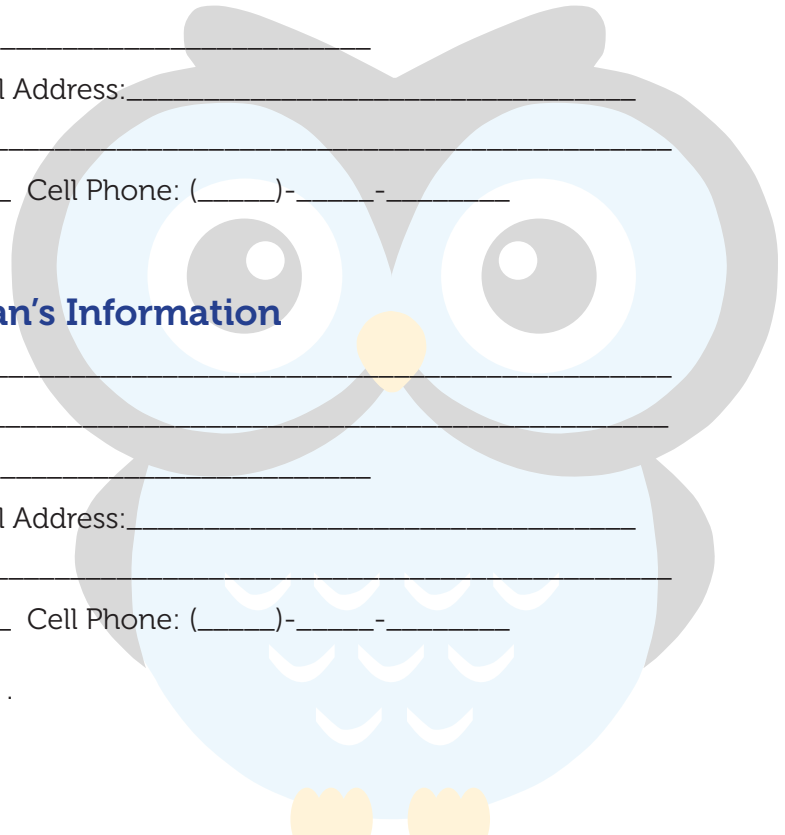
Address: _____

Driver's License Number: _____

Home Phone: (____) - ____ - _____ Email Address: _____

Employer's Name: _____

Work Phone: (____) - ____ - _____ Cell Phone: (____) - ____ - _____



2021-2022

Contacts

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

1. Name: _____ Address: _____
Home Phone: (____)-____-____ Work Phone: (____)-____-____ Cell Phone: (____)-____-____

2. Name: _____ Address: _____
Home Phone: (____)-____-____ Work Phone: (____)-____-____ Cell Phone: (____)-____-____

3. Name: _____ Address: _____
Home Phone: (____)-____-____ Work Phone: (____)-____-____ Cell Phone: (____)-____-____

Who does child live with? Mother Father Both Other _____
Who has custody of child? Mother Father Both Other _____

Has your child attended a childcare center before? Yes No

Names of previously attended childcare centers: _____

Does your child attend school? Yes No

Will Lighthouse Prep pick your child up from school? Yes No

Name of school your child is currently enrolled in: _____

Helpful Information About Your Child _____



State Requirements

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER".
- Section 65C-22.006(4)(c)2., F.A.A., requires that parents are notified in writing of disciplinary practices used by the child care facility.
- Receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents.
- Florida Statue s. 39.604 "Rilya Wilson Act" requires any child from birth to the age of school entry, who is under court ordered protected supervision or in out-of-home daycare and is enrolled in early education or childcare program must attend the program 5 days a week unless the court grants an exemption.
- Florida Statue s. 402.305(9) requires operator of childcare facilities and homes to provide parent/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention.

By signing below, you verify that you received the above items and that all information on this enrollment form is complete and accurate.

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

**Lighthouse Prep
61 Palmetto Ave.
St. Augustine FL, 32080**

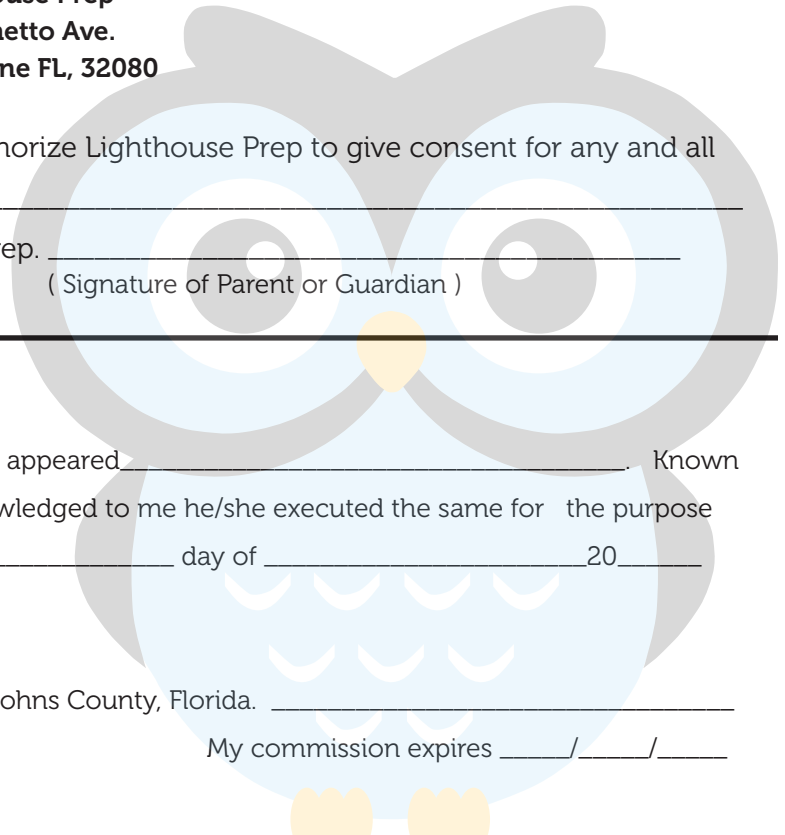
In order to meet all legal requirements, I hereby authorize Lighthouse Prep to give consent for any and all necessary emergency medical care for my child _____ while said child is in the custody of Lighthouse Prep. _____
(Signature of Parent or Guardian)

State of Florida County of St. Johns

Before me the undersigned authority, on this day personally appeared _____ Known to be the person whose name is subscribed above, and acknowledged to me he/she executed the same for the purpose therein expressed. Sworn and subscribed before me this _____ day of _____ 20____

Notary Public for Saint Johns County, Florida. _____

My commission expires ____/____/____



2021-2022

Medical Information

1. Drs Name: _____ Address: _____
Fax: (____)-____-____ Work Phone: (____)-____-____

2. Drs Name: _____ Address: _____
Fax: (____)-____-____ Work Phone: (____)-____-____

Hospital Preference: Flagler Other: _____

Emergency Phone Numbers _____

Do you have health insurance? Yes No Do you receive medical assistance? Yes No

Policy name & number: _____

Program & care number: _____

Date of last Tetanus shot: ____/____/____

Allergies, special medical or dietary needs, or any other areas of concern: _____

IMPORTANT INFORMATION FOR PARENTS

Within thirty days (30) of your child's enrollment, Florida Law requires you to provide the day care operator with two very important items which verify your child's health status. Your center has the option to require both of these important items prior to the first day of attendance.

1. Physical Examination – Each child must have a valid health examination certificate (Student Health Examination Form HRS-3040). The certification must be signed by a medical professional and is valid for two years from the date the physical examination was conducted.

2. Current Florida Certificate of Immunization – Florida law requires that your child's immunization information be written on a large blue card called a "680" form.

Both of these forms are available from your pediatrician, family doctor or local public health department. They are familiar with these forms and are aware parents need to provide them to childcare providers.

These documents should have your child's name, date of birth and an authorized signature. The large blue immunization card must have the immunization information and an expiration date. As a consumer, you have the right to receive correct and accurate information.

If the forms they give are incomplete, do not leave!

If you have recently moved here from another state, you will need to take your child's immunization record to a local pediatrician or health department for a valid 680 form.

If you cannot get an appointment with your doctor, the health department can provide you with the needed shots. The health department gives shots each weekday, between 9am and 4pm without an appointment and at no cost. The St. Johns County Health Department's phone number is (904)-825-5055.

You should be aware that the daycare center can receive an administrative fine for failing to have this information. Even more importantly, they will be required to exclude your child from attending daycare until it is received. Please cooperate with your daycare center in obtaining these vital records. Should you have any questions, please contact your local county public health unit.

Any child in daycare will also need Varicella starting at ages 12 months to 18 months. This is mandatory to attend daycare. Not all children enrolled may have a current immunization record and physical form.



Childcare Enrollment Agreement

(Financial Terms and Conditions)

Parent Director
Initials Initials

- _____ _____ I agree to pay an annual supply fee of \$150(excluding VPK). This fee is due by Sept. 15th.
- _____ _____ I agree that my child will participate in the education program for which my child is eligible.
- _____ _____ Tuition is due on Monday of each week. I understand a late fee of \$10 per day will be assessed to my tuition if not received by 12pm Wednesday of each week.
- _____ _____ I agree to pay the weekly tuition as stated below for which my child is eligible.
- _____ _____ I agree that if my childcare tuition is funded by the School Readiness Services and my agreement is terminated, that I will pay my child's tuition at the current full time rate.
- _____ _____ I agree to pay any returned check fees, which I may be charged as stated below.
- _____ _____ Lighthouse Prep reserves the right to refuse payment by check.
- _____ _____ In the case of a withdrawal from the center, I agree to give the center a two weeks written notice prior to the withdrawal date.
- _____ _____ I agree and understand my child is allowed fifty (50) hours a week.
With the maximum of 10 hours per day.
- _____ _____ I agree to pick up my child no later than 6:00pm and understand that the late fee is \$1.00 per minute.
- _____ _____ *This facility does not transport children in care.
- _____ _____ *Lighthouse Prep families must actively participate in fundraisers for the preschool, (two per year).

Child's Name: _____

Date of Enrollment: ____/____/____

Returned Payment: \$45.00

Weekly Tuition: \$_____ Late Payment: \$10.00 per day Additional: \$_____

*Certification: I certify that I have read and understand the information contained in this Enrollment Agreement.
I agree to the financial terms and conditions and to the fees listed above.*

X_____ ____/____/____ X_____ ____/____/____
Signature of Parent or Guardian Date Signature of Director Date

X_____ ____/____/____ X_____ ____/____/____
Print of Parent or Guardian Date Print of Director Date