



LITTLE LIGHTHOUSE PRESCHOOL APPLICATION FORM

Student Name _____ Male _____ Female _____

Physical Home Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Birthday _____ Age _____ Home Phone Number _____

List the reason(s) you are applying for admission to Little Lighthouse School

How did you hear about Little Lighthouse School? _____

Known Allergies (food & other) _____

My Student is fully Potty-Trained Yes _____

Is your student currently taking any regular medication? Yes _____ No _____

Briefly explain (and fill out the School Medication Authorization Form)

Describe any physical, emotional or mental handicaps/disabilities (including dyslexia, ADHD, etc. . .)

Which program are you interested in (circle the option you are looking for):

Gold (4 days/week) Nearly Gold (3 days/week) Silver (2 days/week) Bronze (1 day/week)

What days of the week will your child enroll (circle the days your child will attend):

Monday Tuesday Wednesday Thursday

FAMILY INFORMATION

Father's Name _____

Home Address _____ City _____ State ____ Zip _____

Billing Address _____ City _____ State ____ Zip _____

Father's Occupation _____ Name of Employer _____

Cell Phone _____ Texting emergencies okay? Yes ____ No ____

Work Phone _____ Home _____

E-mail _____

Skills willing to share with the class _____

Mother's Name _____

Home Address _____ City _____ State ____ Zip _____

Billing Address _____ City _____ State ____ Zip _____

Mother's Occupation _____ Name of Employer _____

Cell Phone _____ Texting emergencies okay? Yes ____ No ____

Work Phone _____ Home _____

E-mail _____

Skills willing to share with the class _____

Marital Status (Circle one): Married Divorced Separated Widow/Widower Single

In case of emergency, please notify (relative, baby-sitter, neighbor that could be contacted if we can't reach you):

Name(s) _____ Relationship _____ Phone # _____

Name(s) _____ Relationship _____ Phone # _____

Name(s) _____ Relationship _____ Phone # _____

Field Trips

Student's Name _____

I give permission for my child to go on walking field trips. I also understand that a note and secondary permission slip will be sent home prior to any field trips throughout the year.

Signed _____ Date _____

PHOTOGRAPH RELEASE

Little Lighthouse School is authorized to use my child's photo
_____ (student's name) for these purposes.

Please initial on the line for what you consent to being used.

_____ To be used in the classroom for school project use

_____ To be used in a student directory or shared with other families (for example, a picture of your child and another one picture would go home with you and another would go home with the second child, or class photos being sent home to the entire class)

_____ To be used for advertising the School including website, Facebook, print media, brochures.

_____ I do not wish my child's picture to be shared with anyone outside of family (this includes being excluded from class photos that would go home with all students in the photo)

Signed _____ Date _____

MEDICAL RELEASE FORM

My Student's Name _____

Birthday (Month/Day/Year) _____

Billing Address _____ City _____

Insurance Name _____ Group # _____

Policy _____

Primary Care Doctor's Name _____ Phone # _____

Name of Hospital or Clinic Serving In _____

Address of Facility _____

Dentist Name _____ Phone # _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to the emergency room, hospitals and doctor's offices where the above listed doctors are serving to obtain all emergency medical or dental care prescribed by a duly licensed physician for the care of my child _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

My child has the following medication allergies: _____

Signed _____ Date _____

PICK-UP AUTHORIZATION FORM

People authorized to pick up or transport my student including in an emergency.

Student's Name _____

Only people on this list will be authorized to pick up your child. It is up to the parent to keep this list current, if someone needs to be added or removed. Please include yourself and spouse if appropriate.

1. Name _____ Phone # _____
Relation to the Student _____

2. Name _____ Phone # _____
Relation to the Student _____

3. Name _____ Phone # _____
Relation to the Student _____

4. Name _____ Phone # _____
Relation to the Student _____

5. Name _____ Phone # _____
Relation to the Student _____

6. Name _____ Phone # _____
Relation to the Student _____

7. Name _____ Phone # _____
Relation to the Student _____

8. Authorized Little Lighthouse staff are authorized to transport my child in emergency situations.

Signed _____ Date _____



LITTLE LIGHTHOUSE SCHOOL
PARENT CONTRACT

1. We agree to be personally responsible for the payment of all tuition and fees.
2. We agree to take an active role in our child's education by reading books to our child at home to help further their education and participate in the 1000 book goal by the end of their 5th birthday.
3. We agree attending Little Lighthouse School is a privilege, and that the school reserves the right to suspend or expel my child for just cause, as determined by the school.
4. We hereby grant permission for our son/daughter to receive emergency care at the school's discretion.
5. We hereby grant permission for our son/daughter to attend field trips and other off-campus outings.
6. We agree to support and encourage appropriate school functions and attend Parent-Teacher Conferences.
7. We understand the school will report any suspicions of physical, emotional or sexual abuse of a child to a law-enforcement official according to the Oregon State law.
8. We agree that we will never make demands, threaten to sue, or litigate on any of the above matters.
9. We have read the parent handbook and agree to support the guidelines listed there, including the school's discipline and dress policy. We agree to the school's standard of behavior.
10. We pledge to cooperate fully with the school and staff.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Checklist

- _____ Student Application
- _____ Parent Contract
- _____ Family Information
- _____ Medical Release Form
- _____ Pick Up Authorization Form
- _____ Photograph Release
- _____ Field Trip Release
- _____ Physician's Report
- _____ Copy of Health Insurance Card
- _____ 15-minute assessment scheduled
- _____ Registration Fee