

# LIGHTHOUSE AFTER-SCHOOL

## Application For Admission / Please Print

All information must be provided for this application to be considered.  
Applications containing inaccurate or untruthful information will be grounds for immediate dismissal.

### Student information:

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Last Middle First

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

Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Family Information:

<b>Father's Name:</b>	<b>Mother's Name:</b>
Address:	Address:
Zip:	Zip:
Where employed:	Where employed:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:

Who has custody of the child for whom application is made? \_\_\_\_\_

A current copy of all legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updated legal documents.

**Name of person responsible for tuition and fees:** \_\_\_\_\_

### Student Background

Has applicant had any discipline problems or been suspended or expelled from another program?

\_\_\_\_\_

If yes, explain:

\_\_\_\_\_

Does the applicant have any emotional, physical or mental problems or handicaps that may affect activities or progress?

\_\_\_\_\_

Has applicant been diagnosed as being A.D.D. or A.D.H.D.?

\_\_\_\_\_

## Medical Background

1. Is the child allergic to anything? No \_\_\_\_ Yes \_\_\_\_ If yes, what?

\_\_\_\_\_

2. Is the child currently under a doctor's care? No \_\_\_\_ Yes \_\_\_\_ If yes, for what reason?

\_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_\_ Yes \_\_\_\_ If yes, what?

\_\_\_\_\_

4. Any previous operations or hospitalizations? No \_\_\_\_ Yes \_\_\_\_ If yes, what for?

\_\_\_\_\_

5. Any history of significant previous disease or recurring illness? No \_\_\_\_ Yes \_\_\_\_

Diabetes? No \_\_\_\_ Yes \_\_\_\_ Convulsions? No \_\_\_\_ Yes \_\_\_\_

Heart trouble? No \_\_\_\_ Yes \_\_\_\_ Other? \_\_\_\_\_

We heard about this school by: ( ) Friend ( ) Newspaper ( ) Other If by a friend, please give us their name. \_\_\_\_\_

Are there any other things we should know about your child? Special likes or dislikes? Fears?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Care Information / Medical Release Form:

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Name of Child's Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

If neither the Father nor Mother (or guardian) can be contacted, please list the names and relationships of two adults that can be called.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Please list the names of any adult that your child may be released to other than yourself. Please let them know that their **Driver's license** will be checked when they come to pick up your child.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

I, \_\_\_\_\_, have read the parent manual for Lighthouse Christian Academy along with the creeds and beliefs and fully understand that children are required to attend chapel which includes prayer, devotional readings from the Bible and songs of praise and worship appropriate for children. I also understand that under no circumstances are refunds given for the activity fee. By signing above, I state that I have no objections or questions about the parent manual, creeds and beliefs, or our refund policy.

Date: \_\_\_\_\_

# THIS FORM MUST BE NOTARIZED

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child, \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I agree that the operator of Lighthouse may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately. I authorize the personnel at Lighthouse to administer first aid to my child in the event of their involvement in an accident, injury or sickness.

I hereby grant permission for my son/daughter to participate in all after school activities. I waive, release, absolve, and hold blameless Lighthouse and their administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from after school activities and other participants, from any claim arising out of an injury or sickness to my child.

(Signature of parent or legal guardian.)

\_\_\_\_\_  
Drivers License # \_\_\_\_\_

State of Florida  
County of Hillsborough

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came  
\_\_\_\_\_ to me known to be the individual described in and who executed the same.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires: \_\_\_\_\_