



Lighthouse Admissions / For new students only

The following documents **must** be brought to your first appointment:

___ Current Report Card

___ SAT, FCAT, and/or other standardized test records

___ IEP (if applicable)

___ Psychological tests – public and/or private (If applicable)

___ Copy of Birth certificate

___ Copy of Social Security Card

___ Copy of Immunization Records

If you do not have copies of these documents, you should request copies from your child's most recent school. All of these documents must be brought for review **before** a decision for enrollment can be made.

Name of person responsible for tuition and fees: _____

Educational Background:

List below all schools your child has attended. (Including home school)

NEW APPLICANTS ONLY

Name of School	Address	Dates	Grades
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for leaving last school?

Has any grade been repeated? _____ If yes list: _____

Reason for repeating a grade: _____

Has applicant had any discipline problems or been suspended or expelled? _____
If yes, explain:

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

Has the applicant ever taken any type of psychiatric, psychological, or educational testing other than regularly administered school achievement tests? _____ If yes, explain:

Has the applicant ever been seen by a psychologist or psychiatrist? _____ If yes, explain:

Has the applicant ever been enrolled in an EH or SLD class in public or private school? _____

Has the applicant been diagnosed as being ADD or ADHD? _____

Has the child been diagnosed with Auditory Processing Disorder? _____

Has the child been diagnosed with Sensory Integration Disorder? _____

Has the applicant ever received or currently receiving Occupational therapy? _____

Speech/Language therapy? _____ Tutoring? _____

Explain: _____

Medical Background:

Is the child allergic to anything? No ___ Yes ___ If yes, what? _____

Is the child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

Is the child on any continuous medication? No ___ Yes ___ If yes, which one and what dosage? _____

Are there any previous operations or hospitalizations? No ___ Yes ___ If yes, what for? _____

Any history of significant previous disease or recurring illness? No ___ Yes ___

Diabetes? No ___ Yes ___ Convulsions/Ceasures? No ___ Yes ___

Asthma? No ___ Yes ___ Allergies? No ___ Yes ___

Heart trouble? No ___ Yes ___ Allergic to insect bites? No ___ Yes ___

Other? _____

If yes to any of the above items, please explain: _____

Has your child had a hearing test in the last year? _____ Results? _____

Has your child had an eye examination in the last year? _____ Results? _____

Do they have glasses or contacts? _____

We heard about this school by: () Friend () McKay site () Flyer () Google

If by a friend, please give us their name. _____

Does your child have a sensitivity to light? Sound? 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: _____

Work Phone: _____ Cell Phone: _____

Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell 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 and a photocopy made when they came to pick up your child.

Name: _____ Name: _____

Name: _____ Name: _____

I, _____, have read the Parent Manual for **Lighthouse Center For Creative Learning**, along with the creeds and beliefs. I 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.

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.

First, I agree that the operator of **Lighthouse Center For Creative Learning** 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 Center to administer first aid to my child in the event of their involvement in an accident, injury, or sickness.

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

(Signature of Parent or Legal Guardian) _____

Driver's 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: _____