



## CHILD REGISTRATION FORM

### CHILD'S INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Nickname \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Start Date \_\_\_\_\_

Assigned Classroom \_\_\_\_\_ Days Attending (*please circle*) M T W Th F

School Meal Plan: Yes/No \_\_\_ Non-Vegetarian \_\_\_ Vegetarian Pizza Fridays: Yes/No Parent View: Yes/No

Allergies or other important information (chronic physical/developmental delays or special accommodations needed):  
\_\_\_\_\_

I give permission for my child's photo to be sent via the Tadpoles system. Initials \_\_\_\_\_

For security purposes, please provide both parent/legal guardian information

### PARENT/LEGAL GUARDIAN 1 INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_ - \_\_\_ - \_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### PARENT/LEGAL GUARDIAN 2 INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_ - \_\_\_ - \_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_



**CUSTODIAL ACKNOWLEDGEMENT:**

I understand that providing both parents/guardians information gives both parties the right to visit/pick up the above mentioned child at any time. If custody circumstances change for any reason, Lightbridge Academy must be notified in writing and we may request documentation by the proper authority.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature \_\_\_\_\_

**CUSTODIAL INFORMATION:**

If a non-custodial parent is not among those persons authorized to pick up the child or if a court order pertains to your custodial agreement, a court order must be provided. Please check the appropriate box below.

\_\_\_\_\_ Yes, this situation applies. A court order is attached. \_\_\_\_\_ Not Applicable

**EMERGENCY CARE AUTHORIZATION:**

In the event that a medical emergency occurs, I authorize Lightbridge Academy to seek emergency care for my child as deemed necessary by the Director and I authorize such medical provider to carry out required emergency treatment.

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

**MARKETING INFORMATION:**

How did you hear about Lightbridge Academy?

\_\_\_ Personal Referral (If so, who?) \_\_\_\_\_ \_\_\_ Drive-By  
 \_\_\_ Internet (what search engine?) \_\_\_\_\_ \_\_\_ Advertisement (which one) \_\_\_\_\_

**I understand and agree to all of the policies and requirements outlined in the Lightbridge Academy Parent Handbook and the Financial Agreement including the Expulsion Policy and the Parent Information Statement. I also understand that full tuition is due regardless of holidays, snow days, short-term illnesses, or vacations and that all returned transactions will be assessed a fee.**

Parent/Legal Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

**CHILD'S PROOF OF IDENTITY**

Form of Identity Verification	Date of Birth	Place of Birth
Document Number (If Applicable)	Date Issued	Signature of Staff Member Viewing Doc.



## **EMERGENCY CONTACT INFORMATION FORM**

(For Office & Classroom Emergency Binder)

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Days per Week \_\_\_\_\_ (M T W Th F)

### **Parent 1 Information:**

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

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Parent 2 Information:**

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

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Child's Allergy Information**

Please list all allergies and any important information we need to know about your child including food he/she is NOT ALLOWED to have.

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

### **Emergency Contacts/ Authorized Pick – Ups**

1. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In the event of a minor injury (cut, scrape, etc.) would you like to be notified? \_\_\_\_\_

Which parent should we contact first in case of an emergency? \_\_\_\_\_



(Second page of Emergency Contact Form)

Child's Name \_\_\_\_\_

Dietary preferences \_\_\_\_\_

If cakes, cookies, or other treats are given as a snack in the event of a Birthday or other special occasion, do you object to your child consuming them? \_\_\_\_\_

Is a language other than English spoken at home? \_\_\_\_\_

If so, what language? \_\_\_\_\_

What Holidays do you and your family celebrate?

\_\_\_\_\_ New year's

\_\_\_\_\_ Valentine's day

\_\_\_\_\_ St Patrick's Day

\_\_\_\_\_ Easter

\_\_\_\_\_ Cinco de Mayo

\_\_\_\_\_ Independence Day

\_\_\_\_\_ Rosh Hashanah

\_\_\_\_\_ Ramadan

\_\_\_\_\_ Halloween

\_\_\_\_\_ Thanksgiving

\_\_\_\_\_ Chanukah

\_\_\_\_\_ Christmas

\_\_\_\_\_ Kwanzaa

\_\_\_\_\_ Diwali

Other(s): \_\_\_\_\_

Please list any previous childcare centers and/or schools attended: \_\_\_\_\_

Please list any other center, school (and grade), or program your child attends in addition to Lightbridge Academy: \_\_\_\_\_

**Statement Regarding Illness:**

Lightbridge Academy agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian must arrange to have the child picked-up within 1 hour of receiving this notification. The parent agrees to notify Lightbridge Academy within 24 hours of the next business day if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Care Authorization:**

In the event that a medical emergency occurs, I authorize Lightbridge Academy to seek emergency care for my child as deemed necessary by the director and I authorize such medical service provider to carry out required emergency treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTOMATED ELECTRONIC FUNDS TRANSFER**  
**AUTHORIZATION FORM**

Center: \_\_\_\_\_ Center's Employer Identification Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

TAPE VOIDED CHECK HERE

I/We \_\_\_\_\_ hereby authorize Lightbridge Academy® Child Care Centers to initiate debit entries (and if necessary, credit adjustments for any debit entries in error due) to my/our \_\_checking \_\_savings account (select one) from the depository listed below. I understand that the amount of the funds transferred from my account to Lightbridge Academy® will occur on the 27th of the month preceding the month services are rendered or if the 27th falls on a holiday or weekend the EFT will occur the last Lightbridge Academy® business day preceding the 27th. I understand that the amount withdrawn each month from my account will equal the amount of the outstanding balance owed on my account. I also understand that a \$40.00 fee will be charged to me on all electronic payments dishonored.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit /ABA#: \_\_\_\_\_ Account #: \_\_\_\_\_

This authority is to remain in full force and effect until Lightbridge Academy® has received written notification from me/us of its termination in such a manner as to afford Lightbridge Academy® a reasonable opportunity to act on it (minimum of seven business days).

Name (s) on account: \_\_\_\_\_

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

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



## **FINANCIAL AGREEMENT**

This agreement is made and entered into between Lightbridge Academy® Child Care Centers and (Parent(s) Name) \_\_\_\_\_.  
The Center hereby accepts (Child's Name) \_\_\_\_\_ for enrollment beginning \_\_\_\_\_, 20\_\_\_. I/We the parent(s), agree to pay the applicable tuition and fees for the services which we subscribe per month under the following terms:

1. Yearly tuition is divided into equal monthly payments. Adjustments or pro-rated tuitions are not applicable for illness, vacations, and closings due to holidays, inclement weather or as a result of the end of the programs cycle. All monies, once paid are non-refundable. Once you have paid your child's tuition for the month, you are committed for the entire month. There is no exception to this policy. Any change in tuition becomes effective as of the 1st of the next month. This refers to a child moving from one program to the next or a shift in the number of days a child is scheduled to attend in the program in which they currently participate.
2. Any child registered who does not start at the Center on the agreed upon date will forfeit all deposits and fees paid (unless previously agreed to with the Center Director).
3. An annual registration fee (non-refundable) and a one-time only security deposit are due at the time of enrollment to guarantee space for your child. The security deposit will be held in a noninterest bearing account and will be applied to delinquent tuition payments if necessary. If in the event this security deposit is used for the above stated purpose it must be replaced before your child can return to school. The security deposit will be applied to the last month's tuition as a credit when your child leaves Lightbridge Academy®. Security deposits will not be credited unless Lightbridge Academy® is notified (in writing) at least 45 days prior to terminating services. The security deposit will be credited to the final two weeks of the last months services provided.
4. It is the responsibility of the parent to maintain tuition payments throughout any intermission in attendance, regardless of the length of time, to continue your account in good standing. Interruption of payments resulting from temporary withdrawal from the center will result in the forfeiture of the Registration Fee and Security Deposit and risk losing the child's space. If space is available upon return, a new Registration Fee and Security Deposit will be required prior to reinstatement and is subject to all previous conditions.
5. Monthly tuition payments are due on the 27th of the month preceding the month of service and will be automatically deducted using the automatic EFT (Electronic Funds Transfer) system. If this date falls on a weekend or a holiday, payments will be due the last Lightbridge Academy® business day prior to the due date. Payments received after the due date will be subject to a \$40.00 "Late Fee" for each day they are late. Payments not received by the 1st of the month will result in the interruption of the child's attendance until all financial obligations including late fees are up to date.



6. If you terminate services and have an outstanding balance due on your account, you will be held responsible for paying your bill. If it is necessary that we must seek legal action against you in order to obtain payments due, you will be responsible for all of our collection and legal costs including attorney and court fees.

7. There will be a \$40.00 fee charged for any returned checks or accounts accessed which do not have sufficient funds to cover tuition payments.

8. A late pick-up fee will be imposed for children held after their scheduled pick-up time. This charge will be assessed at a rate of \$10.00 for each ten-minute period, or portion thereof beyond the scheduled pick-up time. This fee will be charged even if you have notified us that you will be late. The late pick-up fee will be billed to you on the following day and must be paid within two business days. We will use the clock located in the office to determine if a parent is late. Please set your watch to this time. Try to make alternate arrangements if you cannot be at the Center in time to pick up your child. This will save you a late fee and ensure our staff a timely departure. Chronic lateness is not acceptable, regardless of fees and could result in termination of services and forfeiture of your Security Deposit.

9. In the event your child has not been picked up by 7:30 p.m. and we have not been in contact with you or the emergency contact, we will by law call CPS (Child Protective Services). See Policy on the Release of Children.

I/We have read the above terms and understand the financial commitment to Lightbridge Academy®. I/We recognize that this is a legal agreement. I/We sign it with the full knowledge and consent of its meaning and importance.

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Signature of Parent / Guardian	Relationship	Date
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Signature of Parent / Guardian	Relationship	Date
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## IDENTIFICATION FORM

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Please bring in copies of identification (i.e. drivers license) on or before your child's first day at Lightbridge Academy®.

Please attach:

Parent /Legal Guardian 1's License:

Parent /Legal Guardian 2's License:



## Child Image Usage Consent Form

This parental consent form serves to both inform you and to request permission for your child's photo/image and personally identifiable information to be published online, including our public website, social media sites, other Internet sites and to be used for Lightbridge Academy publicity purposes.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the director of your child's center and such rescission will take effect upon receipt.

Check one of the following choices: \_\_\_\_\_ I/We GRANT or \_\_\_\_\_ DO NOT GRANT permission for my child's photo/image to be used.

Child's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent Receipt of Information

I have read, received a copy of and was able to ask questions on the information/policies listed below:

- Information to Parents Statement
- Policy on the Release of Children
- Policy on Positive Guidance & Discipline
- Policy on Methods of Parental Notification
- Policy on Communicable Diseases
- Policy on Medication
- Policy on Expulsion
- Policy on the Use of Technology and Social Media

Child 1 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Lightbridge Academy®

## CHILD'S FILE CHECKLIST (FOR OFFICE USE ONLY)

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Enrollment Date \_\_\_\_\_

- Signed Registration Form (which includes the following)
  - Name, Nickname, Birth Date, Address, Enrollment Date, Start Date
  - Special Health Needs, Chronic Physical Problems, and/or Accommodations Needed
  - Parent Employer and Contact Information (including email addresses)
  - Permission for Medical Emergencies
  - Signature Confirming Expulsion Policy
- Custody Documents if applicable
- Emergency Contact Form
- EFT Authorization Form
- Financial Agreement
- Identification Form
  - Id from parent 1: \_\_\_\_\_
  - Id from parent 2: \_\_\_\_\_
- Child Image Usage Consent Form
- Parent Receipt of Information Form
- Commonwealth of VA School Entrance Health Form
  - Prescription if applicable: \_\_\_\_\_
- Immunization Record
- Medication Packet
- If needed:
  - Care Plan for Children w/ Special Health Needs
  - Food Allergy & Anaphylaxis Emergency Care Plan
  - Asthma Action Plan
- \*\*\*\*\*
- Entered into QuickBooks
- Entered into Procure
- Logged immunizations into Procure
- Entered into Tadpoles
- Entered EFT paperwork into Bank
- Emailed Parent Handbook link
- Added to the appropriate place on the Class List
- Added to Lunch plan (Regular or Vegetarian)
- Added to Pizza list
- Created yellow immunization card
- Given extracurricular sign up forms
- Check if in database, if so mark enrolled
- Add to licensing file checklist
- Add Emergency Contact Form to Office Emergency Binder
- Give copy of the Emergency Contact Form to the child's classroom teachers
- If any allergies or food restrictions, add to list, print updated Allergy list
- If signing up for extracurricular classes, or optional services, add to list and print updated lists
- If custody issues scan and add custody documents to child's Procure account
- If permission to use photo is not approved, add to Do Not Photograph Quick List in Tadpoles

Permission to use photo for school publicity <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____
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Permission to send child's photo via the tadpoles system. <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____
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File Completed Date: \_\_\_\_\_ Initials: \_\_\_\_\_