



**Lighthouse Center Weeschool Program**

**\*A ministry of the Christian Center Church\***

**1632 Ridge Road, Rostraver Township, PA 15012**

**Tuesday & Thursday 9:30 am – 12 pm**

Mailing address:

130 Charity Lane, Rostraver Township, PA 15012

724-929-9290

**Section One:** completed by Office

Date registered \_\_\_\_\_

Early Bird Registration fee (if paid **by** 5/31/19) \$50 \_\_\_\_\_

Tuition (if registered **by** 5/31/19) \$70 \_\_\_\_\_

Standard Registration fee (if paid **after** 5/31/19) \$70 \_\_\_\_\_

Tuition (if registered **after** 5/31/19) \$75 \_\_\_\_\_

**Section Two:** Completed by Parent

Tuition is due the first school day of each month.

There is a supply fee of \$40 due in September and January.

Students must be 3 years old by September 1<sup>st</sup> and potty trained.

Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student's Name: \_\_\_\_\_ -

\_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Father's Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's

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

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

Mother's

Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Mother's Email

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

Please list any brothers and/or sisters:

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

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

How did you become acquainted with Lighthouse Center Weeschool?

\_\_\_\_\_  
Please list any organizations, including daycare and preschool, that your child has been involved with:

\_\_\_\_\_  
**Emergency and Medical Information:**

Student's

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have any:

**allergies** \_\_\_\_\_

**hearing or visual**

**problems** \_\_\_\_\_

**physical limitations or special**

**needs** \_\_\_\_\_

Does the student require medication during school hours?

\_\_\_\_\_  
Please list any physical, mental, or emotional needs or concerns your child may have that we need to be aware of:

\_\_\_\_\_  
**Please list 3 Emergency Contacts (relatives, friends, neighbors)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**List the names of those who are permitted to pick up your child:**

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

In the event my child becomes ill or injured while at school, I give my approval to the school authorities to take the following steps on my (our) behalf and my (our) child's best interest:

STEP #1-Contact the student's parent and follow his/her instructions.

STEP #2-In the event of an emergency, if neither parent can be reached immediately, we will contact the student's physician and follow his/her instructions.

STEP #3-If the physician cannot be reached immediately, the school authorities will use their own discretion in contacting a licensed practicing physician or the nearest hospital and follow their advice.

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Signature of Parent/Guardian

Date