



PLEASE PRINT ALL INFORMATION CLEARLY

All students are placed by their age as of June 1st

All students enrolling into the 3's program **must be fully potty trained.**

- 2 Year Old
- 3 Year Old
- 4 Year Old
- 5 Year old
- School Age
- 2 Days (T/Th)
- 3 Days (M,W,F)
- 5 Days (M-F)
- Extended Day

Date of Birth: _____ Check: Male _____ Female _____

 First Name Middle Last Goes By

 Address City Zip Code

 Daytime Contact Number Date of Enrollment

Parent One _____
 Mother's DOB _____
 Mother's Cell Phone # _____
 Cell Phone Provider _____
 Mother's Address _____
 Mother's Email Address _____
 Place of Employment _____
 Mother's Work Phone # _____

Parent Two _____
 Father's DOB _____
 Father's Cell Phone # _____
 Cell Phone Provider _____
 Father's Address _____
 Father's Email Address _____
 Place of Employment _____
 Father's Work Phone # _____

Is there a custody order on file with the State of Texas? (circle one) YES NO PENDING
If circled YES, a current copy of your court order **MUST be attached.*

Does your family attend church regularly? _____ If yes, where? _____
 If no, would you like to receive information about Lighthouse Fellowship? Yes No

I hereby give / do not give consent for my child to participate in water activities. Please initial _____ Is your child able to swim without assistance? Please circle— Yes No

I hereby give / do not give consent for my child to be photographed for LCA purposes. Please initial _____

I hereby give / do not give consent to be contacted via text message regarding my LCA student. Please initial _____

| Authorized Pick up | Relationship to Child | Phone Number & Email | Address |
|--------------------|-----------------------|----------------------|---------|
| | | | |
| | | | |
| | | | |



In the event that I cannot be reached to make arrangements for emergency medical attention for my child at the time of illness or accident, I authorize the School Administration, or person in charge to take my child.

Child's Name _____ Date of Birth _____

Physician _____ Phone Number _____
Address _____ City, Zip _____

Hospital _____ Phone Number _____
Address _____ City, Zip _____

Food Allergies— Read thoroughly. If not applicable, initial here _____

Please list each **food** that your child is allergic to. Food allergies will be posted in each room where your child spends time, so that caregivers may easily view it.

If your child has a known food allergy, LCA is required to obtain a copy of your Food Allergy Emergency Plan prior to admission prepared by a health care professional. This plan will list each known food allergy, any possible symptoms that caregivers should be aware of in the event your child is exposed to a food on the list, and what steps the caregiver should

Special Needs—Read thoroughly. If not applicable, initial here _____

Please list any **medical, emotional, or educational** special needs your child may have. This info will be kept confidential between the LCA staff that care for your child each day.

Extended Care Program

Please pre-register for the Summer 2024 extended care program. Please initial next to your choice. Hours are 7:00am-:8:10am and 2:45pm—5:00pm.

2 Days a week \$135.00/month (T/Th) _____

3 Days a week \$200.00/month (MWF) _____

5 Days a week \$300.00/month M-(M-F) _____

By registering for Extended Care— you are agreeing to pay the monthly fee. If at any time you no longer need Extended Care, you are required to give a **2 week notice** prior to cancellation. You will be charged for the entire month without notice.

Parent Signature: _____ Date: _____



Lighthouse Christian Academy has financial and contractual arrangements with faculty, staff, vendors, etc., which are made in the spring before the summer session begins. These obligations require that we have a financial commitment for the agreed term from parents or guardians before the session begins. Openings in our Summer Program are limited. Administration must be notified **in writing two weeks in advance** of any student who moves or withdraws.

Childs Name: _____ Primary Payer: _____

The **Primary Payer** agrees to the following policy by **initialing each** section below:

Full Summer Tuition Amount: \$ _____ **Payer Initial:** _____

Non-refundable Registration Fee: \$ **130.00** **Payer Initial:** _____

(All registration fees are non-refundable and non-transferrable.)

No portion of the tuition shall be refunded or transferred for a student who has been dismissed due to disciplinary reasons.

Payer Initials: _____

LCA requires a 2 week noticed for all student withdrawals. Consideration for tuition refunds will only be submitted after the 2 week notice is turned in. Refunds are not a guarantee and are at the sole discretion of the LCA Director. Period to be considered excludes the 2 week notification period. **Payer Initials:** _____

Summer Tuition is due in full on or before June 3rd, 2024. Students may not attend until the balance is paid in full. **Payer Initial:** _____

Our summer program is open Monday-Friday 7:0am—5:00pm. I understand that if I am late picking up my child, **a \$20.00 late fee will be applied, as well as an additional \$1.00 per each minute after 5:00pm.** **Payer Initial:** _____

For your child's safety, all LCA classroom are under closed circuit video surveillance and may be reviewed by LCA administration. **Payer Initial:** _____

All Before/After care services will be drafted at the beginning of each month. **Payer Initial:** _____

A \$25.00 service fee will be charged for any check or draft payment that is returned for insufficient funds or any other reason. **Payer Initial:** _____

Parents or guardians and the enrolled student agree to abide by the terms, provisions, obligations, and requirements of the Student Handbook, which is available on the **LCA** website. A printed copy is available on request. **Payer Initial:** _____

www.lcafw.org

7200 Robertson Road Fort Worth, TX 76135

Phone: (817) 237-7641



I understand that the administrators of **LCA** and the teachers serving under them shall have full discretion in the administration of appropriate discipline of the student. See **LCA** handbook for Discipline and Guidance policy. **Payer Initial:** _____

It is understood that **LCA** does not carry school insurance and Parents or Guardians are fully responsible for providing insurance for the student. This includes any and all expenses incurred as a result of an injury, illness or in the need for immediate medical attention. **Payer Initial:** _____

I understand that as the parent, I am required to have an age-appropriate car seat for my child. **Payer Initial:** _____

I understand that the staff at this facility are prohibited in participating in social networking activities with parents and children enrolled at the facility. (Such as Facebook, Twitter, Snapchat etc.). **Payer Initial:** _____

In agreement whereof, the parties hereto have signed this Contract on the _____ day of _____, 20_____.

Parents or Guardians

Signature - _____

Signature - _____

Lighthouse Christian Academy

By: _____

Title: _____

This section is to be filled out ONLY if the Primary Payer of the program is someone other than a parent.

I understand that LCA recognizes the primary payer as the person who is financially responsible for payment of the program. This individual is the first point of contact in the case of accident, illness, or emergency, UNLESS otherwise specified below.

I hereby authorize _____ to be contacted first in the case of accident, illness, or emergency.

This person is _____'s, _____.

(Childs Name)

(Relationship to child - Mother/Father/Guardian, etc.)

Primary payer signature _____

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Summer Tuition Rates 2024

| Days of Attendance | Two Day (T, Th) | Three Day (M, W, F) | Five Days (M—F) |
|---------------------|--------------------|---------------------|--------------------|
| Registration | \$130.00 | \$130.00 | \$130.00 |
| Summer Tuition | \$575.00 | \$828.00 | \$1380.00 |
| Extended School Day | \$135.00 per month | \$200.00 per month | \$300.00 per month |

Field Trip Fee's—School Age Children Only

Days of Attendance:

Two Day (T/TH) - \$100.00

Three Day (MWF) - \$100.00

Five Day (M-F) - \$160.00

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Extended School hours are 7:00—8:10 A.M. TO 2:45—5:00 P.M.

(If your child attends morning Before Care, they must be here before 8:10. If they arrive after 8:10, they will have to wait until the doors open at 8:30.)

Monthly Rates

Two Days —\$135.00

Three Days — \$200.00

Five Days —\$300.00

Access Card

Access cards are required for the use of the After School Care program.

Supplies

- ◇ School sized backpack
- ◇ 1 child's nap mat and blanket
 - ◇ 1 box of Kleenex
 - ◇ 1 package of baby wipes
- ◇ A sleeve of Pullups for 2 Year olds with Childs name written on package
 - ◇ A change of clothes and pair of shoes in their backpack
 - ◇ Spillproof Cup with name written at top in indelible ink

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Health Statement for 2024-2025

All students must have a current Health Statement on file in the school office EACH school year. Please complete the top portion of this form and submit it to your child's physician for completion. This form must be received in the LCA Admissions office by the first day of class.

Child's Name: _____

Date of Birth: _____

Parents Name (s): _____

The above patient has been examined by me and found to be free of any contagious diseases and is able to participate in school activities.

Date of last physical exam: _____

PLEASE COMPLETE VISION AND HEARING SCREENS FOR CHILDREN 4 AND OVER

*Record results of screenings below:

Vision screening was normal _____

Hearing screening was normal _____

Physician Name: _____

Physician signature: _____

Date signed: _____

A COPY OF YOUR CHILDS UP-TO-DATE IMMUNIZATION RECORD **MUST BE INCLUDED WITH THIS STATEMENT.**

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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT AUTHORIZATION**

Dear Parents,

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows reoccurring tuition and fee payments to be made from your bank account.

I (we) hereby authorize LIGHTHOUSE CHRISTIAN ACADEMY to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. A record of each payment will appear on your monthly bank statement. If you have any questions regarding this payment, please call LCA at 817-237-7641. All transfers originating as ACH transactions from members' accounts comply with U. S. Law. If you are a Credit Union Member: Please contact your Credit Union to verify account and routing numbers for automatic payments

Your Name: _____ Student Name(s): _____

Phone Number: _____ Email: _____

Address: _____

Bank or Credit Union Name: _____ Type of Account: _____

Routing Number: _____ Account Number: _____

Signature of Payer: _____ Date: _____

Secondary Signature: _____ Date: _____

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