

## LCI Enrollment Packet

### Child's Information:

Last Name:	First Name:	D.O.B:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		First Contact:	Place of Birth:

### Parent / Guardian Information:

Mother's Last/First :		Father's Last/First:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Cell Number:	Business Number:	Cell Number:	Business Number:
Employer:		Employer:	
Email:		Email:	

<b>Marital Status of Parents:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<b>Child Resides With:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
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**MONTHLY TUITION IS 2,500; hours of operation 8am-4pm, Monday-Friday**

## Infant/Toddler Needs and Services Plan

*This plan is completed at the time of enrollment and updated every 3 months until the child is two years of age. Parents/ Guardian and teacher initial and date every change and update to the original plan.*

### **Eating:**

#### Bottles/Formula:

Are you breastfeeding?  Yes  No

Does your child use a bottle?  Yes  No

If Yes, What type of bottle/nipple? \_\_\_\_\_

Breast Milk or formula? \_\_\_\_\_

What type of formula? \_\_\_\_\_

How many ounces does your child usually drink at a feeding? \_\_\_\_\_

When do they take a bottle? \_\_\_\_\_

Does your child drink from a cup?  Yes  No

If yes, what kind of cup/lid: \_\_\_\_\_

#### Solid Foods:

*At Lighthouse Center for Infants we recommend the following sequence for the introduction of solid food, as recommended by the state: Formula/breast milk (1-12 months); infant cereal (4-6 months); vegetables, fruits and their juices (5-7 months); protein foods (6-9 months).*

Is your child eating solid foods at this time?  Yes  No

If yes, describe what type of food (type of cereal, type of baby foods or table food)

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How often and at what time of day do you feed your child solids?

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Any special nutritional fortifiers and/or supplements required?  Yes  No

If yes, please list: \_\_\_\_\_

*Remember all formula and food are provided by Parents/Guardians. Lighthouse Center for Infants will provide appropriate snacks for children that are eating solids*

### **Sleeping/Napping:**

How many times per day and when during the day does your child typically nap?

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For how long does your child usually nap? \_\_\_\_\_

How do you know when your child needs a nap? \_\_\_\_\_

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How do you help your child to sleep? (Rocking, holding, with a bottle, etc.)

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Any special instructions regarding your child's sleep routine?

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*It is Lighthouse Center for Infants policy that infants under 12 months are placed on their backs (to reduce the risk of SIDS). Please ask your teacher for more information if needed.*

### **Toileting/Diapering:**

*Most children are not ready to begin toilet training until 2 years of age. Generally we will not begin toilet training a child before 2 years unless requested by the parent/guardian and after consideration of the child's developmental readiness.*

Toileting:

If you have begun to train your child, please describe your child's progress:

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Diapering:

Do you have any special instructions regarding your child's diapering?  Yes  No

If yes, please describe: \_\_\_\_\_

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*Please note that parents/guardians provide diapers, ointments and anywipes required each day.*

*The Lighthouse Center for Infants will provide gloves.*

**Other:**

Does your child require any special accommodations not covered by this plan ?

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Do you have any additional requests or instructions for the care of your child?

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Mother's Initials: \_\_\_\_\_

Father's Initials: \_\_\_\_\_

Director's Initials: \_\_\_\_\_

## Admission and Financial Agreement

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_, agree to pay an advanced monthly tuition in the amount of \$2,500.00. The total of which is to be paid on the first business day of each month for which the school agrees to provide or make available the care and services on days and hours as follows, Monday thru Friday 8am-4pm. Payments may be paid by cash or check. **Cancellation of this financial agreement must be given in writing no later than the 1st of the previous month before the child's last day.** (i.e. if your child's last day is August the 1st, notice must be given on or before July 1st; if your child's last day is August 17th, notice must still be given on the 1st of July and NOT the 17th.)

**\*Tuition locked in for one year from start date. A 30 advance notice will be given for any tuition change after the first year.**

### DELINQUENT TUITION:

If tuition is not paid by the 5th of each month I agree to pay the Lighthouse Center for Infants a late fee of \$25.00. If I have Non-sufficient funds, I agree to pay \$25.00 and the full tuition upon receipt of notification. Excessive late charges may result in termination of services.

### NON-PAYMENT OF TUITION:

I hereby agree that all assumed fees for tuition incurred from nonpayment of tuition; on-sufficient funds (returned check), late fees, penalties, or any legal fees shall be my sole responsibility and not the responsibility of the Lighthouse Center for Infants. I promise to pay the Lighthouse Center for Infants any tuition and/or fees that I have incurred during my child's enrollment at the Lighthouse Center for Infants. Fees may include, but are not limited to tuition, enrichment programs and so on. I hereby agree to pay full restitution of any and all tuition and fees for the period my child is enrolled.

### TERMINATION OF ENROLLMENT:

Lighthouse Center for infants reserves the right to terminate a child's enrollment if the director and staff feel the center is not a good fit for the child. Habitual late payment fees, habitual late pick-up fees or non-sufficient fund charges could result in the termination of enrollment.

### HANDBOOK POLICIES:

I have received a copy of the Lighthouse Center for Infants Parent Handbook. I have read and understand the content and agree to all procedures and conditions set forth therein. I agree to participate in the Lighthouse Center for Infants functions. I am aware of the scheduled center holidays and vacation days and understand tuition is due during these times as well. I understand the Lighthouse Center for Infants does not provide make up days for absences, whether illness or any other reason.

**CUSTODY:**

All information regarding my child's custody, health care and immunization records is true and accurate to the best of my knowledge.

**THE RIGHTS OF THE LICENSING AGENCY:**

The Department of Social Services, Community Care Licensing Division according to Title 22, Division 12, Chapter i Regulation 101200, states "The department has the authority to interview children staff and to inspect and audit child or child care center records, without consent. The school shall make provisions for private interviews with any child(ren) or staff member, and for the examination of all records relating to the operation of the child care center. The department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement."

I agree to complete and return all forms prior to my child's enrollment. I have read and understand this Admission and Financial Agreement.

This agreement will remain in effect from (to be filled out by director)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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Signature of Father or Guardian Date

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Signature of Mother or Guardian Date

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Signature of Center Director Date