



LIGHTHOUSE ACADEMY of FREDERICKSBURG

2010/2011 Admissions Application

Welcome to the admissions process for the Lighthouse Corporation trading as the Lighthouse Academy of Fredericksburg (LAF). Our goal is to provide you with an easy, yet thorough, application process that will give us all of the important information related to your child and your entire family. We hope that you find this application easy and thought provoking. Please use the most current information possible when filling out the form and try not to leave any blanks. If you should have any questions regarding this process, please do not hesitate to call the Head of School at 540-372-9699 or email at scott@kidslaf.com. Thank you for choosing LAF as the school for your family.

Full Name: _____ Sex: M F Birth date: _____

Full Address: _____ Home Phone: _____

Father: _____ Wk. Phone/Cell: _____ / _____ Employer: _____
email: _____

Full Address: _____ Home Phone: _____

Mother: _____ Wk. Phone/Cell: _____ / _____ Employer: _____
email: _____

Full Address: _____ Home Phone: _____

List Child's Siblings:	1.	Ages:	1.
	2.		2.

Child's Physician: _____ Phone: _____

Names & FULL Address of People to contact if Parents cannot be reached (emergency and non-emergency):	1.	Phone #:	1.
	2.	Phone #:	2.

Names of People that are authorized to drop-off and pick-up child:	1.	Phone	1.
	2.	Numbers:	2.
	3.		3.

Does your child have any medical problems? If so, please describe. _____

Is your child taking any medication? If so, please describe. _____

Does your child have **any** allergies? (Food, mold, medicine, etc...) If so, please describe. _____

Do we have permission to administer CPR and First Aid to your child? YES NO
Do we have permission to transport your child to hospital? Which hospital? YES NO /

Previous Day Care/School attended. _____
Dates attended. _____

Parent/Guardian Parent/Guardian Date



LIGHTHOUSE ACADEMY *of* FREDERICKSBURG

2010/2011 Admissions Contract

	Programs Available;	Monthly Tuition	Monthly Activities Fee	Total Monthly Rates	Annual Tuition Rate*, **
<input type="checkbox"/>	Preschool (9:00am - 12:00 noon)	\$495	\$65	\$560	\$6,100
<input type="checkbox"/>	Kindergarten (9:00am - 2:00pm)	\$605	\$120	\$725	\$7,750
<input type="checkbox"/>	Elementary (8:30am - 3:00pm)	\$740	\$120	\$860	\$9,100
<input type="checkbox"/>	Middle (8:30am - 3:00pm)	\$740	\$120	\$860	\$9,100

<input type="checkbox"/>	Aftercare Needed. 6 options available. Hours needed; _____ to _____
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***Annual Tuition Rate includes the up front Tuition Deposit of \$500.**

****Partial scholarships are available on an as needed basis.**

The list of fees are as follows:

Registration Fee - Annual & non-refundable	\$150.00
Materials Fee - Annual & non-refundable	\$200.00
Tuition Deposit - Annual & non-refundable	\$500.00
Late Fees - any payment received 6 or more days after due date	10%

The list of required forms are as follows:

1. Application
2. Medical Form
3. Copy of Birth Certificate

I have read and fully understand all of the requirements to enroll my child in the Lighthouse Academy of Fredericksburg (LAF). I understand my financial obligation and understand that my child may not attend the school until all required forms are submitted. I understand that by signing below I have created a contract with Lighthouse Corporation d/b/a Lighthouse Academy of Fredericksburg. I understand that LAF is responsible for educating my child utilizing the Montessori method, in a safe environment and I have read and agree with the Parent Handbook, found online at www.kidsLAF.com, that includes general information about LAF and all of the school's policies and procedures. I also understand that any picture taken of my child may be used, at the discretion of the administration, for memory boards, classroom works, classroom nametags, etc... and for marketing purposes, including the website. If you do not want pictures of your children used for marketing, please indicate by marking this box. NO, I do not want my child/ren's photos used for marketing purposes.

I understand that I have the right to withdraw my child/ren at any time as long as I give the school 30 days written notice and pay the school the required tuition up through the 30 days of written notice to withdraw. Also, I understand that if I choose to withdraw my child from the school after the entirety of the 1st semester, I am obligated to pay the full remaining balance due to the school for the remainder of the enrolled school year. I also understand that I will be required to place on file a copy of a valid, unexpired, credit card in the event of late payments, default situations and early withdrawal associated with the above mentioned language.

Further, I understand that Lighthouse Corporation admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities available to students at the school. Lighthouse Corporation does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

AGREEMENTS

1. *The Lighthouse Academy of Fredericksburg agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.*
2. *The parent(s)/guardian(s) authorize the Lighthouse Academy of Fredericksburg to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.*
3. *I do hereby agree to notify the Lighthouse Academy of Fredericksburg within 24 hours or the next business day after my child or any other member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.*

Parent

Parent

Date

Lighthouse Academy. - Head of School

Date