



Student Information:

Full Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____

Child's Street Address: _____

City _____ State _____ Zip Code _____

Has the child or sibling attended Lighthouse? _____ Yes _____ No

Parent Information:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email address where you would like to receive communication from the school:

Registration Information 2024-2025:

Lighthouse Community School: Tuesday/Thursday (8:45 - 12:45)

Non- Refundable Registration Fee \$250

Tuition- \$330/month. (August- May)

Curriculum- Cost TBD

_____ Kindergarten _____ 1st Grade

_____ 2nd Grade _____ 3rd Grade

_____ 4th Grade _____ 5th Grade

I understand the \$250 registration fee is **non-refundable**. This registration form and the registration fee reserves a seat for my child in the above indicated class. Other enrollment forms and required medical documents are to be completed and submitted as soon as possible. Tuition is paid for ten months (Aug-May) with the payment due on or before the 1st of each month.

Signature

Date

Please use this area to indicate therapies your child is receiving or information that you think would be helpful in placing your child in a class.

Notice Of Nondiscriminatory Policy As To Students- Lighthouse Preschool of Wesley Chapel, INC admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It 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.

For Office Use Only:

Registration # _____ Registration Fee Paid: \$ _____ Method of payment _____ Date paid _____ Initials of Registrar _____