

**Lightbulb Moments Early Learning Center**

5 Magauran Dr.  
Stafford Springs, CT 06076  
Phone: (860) 684-2026  
Fax: (860) 684-2027

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**REGISTRATION FORM**

Child's Full Name: \_\_\_\_\_ Child's start date \_\_\_\_\_

Name Child Uses/Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

**PARENT and/or GUARDIAN CONTACT INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation & Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation & Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation & Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation & Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name (Other than Parent/guardian): \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

\*this is an approved person to contact in the event of an emergency and to release child to.\*

Who does your child live with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **FAMILY INFORMATION**

Please list any family information we should be aware of. (i.e. living arrangements, who they live with, recent changes in living situations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PICK-UP**

Person(s) authorized to pick-up child/contact in the event of an emergency

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

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

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

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

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

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

Person(s) who **MAY NOT** pick-up child

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

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

### **PERSONAL HISTORY**

Is the Child:  Right-Handed  Left-Handed  Unknown Yet

Has the child had any previous group and/or preschool experience:  Yes  No

If yes, where & when? \_\_\_\_\_

\_\_\_\_\_

Does child have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any medical problems we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Would you like a care plan for your child?  Yes  No

What word(s) does the child use for toileting? \_\_\_\_\_

Are there any special diet or eating instructions? \_\_\_\_\_

Any additional information such as discipline, child's communication, comforting, etc.?

**PERMISSION FOR HEALTH CARE**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

**FIRST AID**

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CARE**

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child; this is to include transportation via ambulance and/or staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEALTH RECORD TRANSFER**

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WALKING FIELD TRIP PERMISSION FORM**

We take walking field trips on nice days and have fire drills once a month in which we leave the grounds of the school. When we do so, you will be notified via a posted notice. With this understanding, I hereby give my permission for the staff of *Lightbulb Moments Early Learning Center* to go for group walks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REGISTRATION FEE**

I understand that a nonrefundable registration fee of \$40.00 must accompany this application. All tuition rates are payable in advance with no refunds for days absent or missed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SCHOOL AGE ONLY**

I give my permission for my child to be put on the public school bus by the staff at Lightbulb Moments for transport to and from the Stafford Public School System.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEALTH DISCLOSURE POLICY**

1. In order to ensure the health and safety of all children, families and employees in our care all families are required to inform the staff of any changes in their child's health to include, but not limited to:;
  - a. Any flu or virus symptoms within a 48 hour period.
  - b. Any fever within a 48 hour period.
  - c. Any testing done for any contagious illness or virus.
  - d. Any rashes or unexplained sores.
  - e. Any new allergies or reactions to the environment or foods.
  - f. Any conditions that require medication, whether taken at home or in school.
  - g. Any other conditions or symptoms that may endanger the health and welfare of your child or any other individual which your child may come in contact with.
  
2. By signing below you indicate that you understand this policy and agree to abide by this policy to ensure the health and safety of all children, families and employees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**32 Month Care**

I give permission for my 32-35 month child to be in attendance in a preschool class. I understand this will change their care ratio from 1:4 to 1:10.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Unpaid Tuition**

Please note that any unpaid tuition past two weeks is grounds for dismissal from *Lightbulb Moments Early Learning Center*. Parents/guardians are responsible for any legal fees incurred through attempts at collection of unpaid fees/tuition as well as those unpaid fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Care Contract**

*Lightbulb Moments Early Learning Center* agrees to hold a space for \_\_\_\_\_ (name of child) until the start date of \_\_\_\_\_.

In exchange, parent/guardian agrees to pay the non-refundable deposit comprised of the \$40.00 registration fee as well as the child's first week tuition totaling \$\_\_\_\_\_ on \_\_\_\_\_ (date of payment).

*Lightbulb Moments Early Learning Center* will hold said spot until the previously stated start date. After this date, if the child is not in attendance, the parent/guardian will agree to either forfeit all monies collected by *Lightbulb Moments Early Learning Center* or begin paying 35% of the tuition until the new start date.

If it is requested that the start date change by up to two weeks in either direction the decision to accommodate the request will be at the sole discretion of the owner/director.

**Tuition will reflect the following per day schedule:**

Monday: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Tuesday: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Wednesday: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Thursday: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Friday: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

**Overtime rates are as follows:**

With or without advance notice and approval by the provider if a child is left at *Lightbulb Moments* after their designated pick up time the parent agrees to pay for overtime care at the rate of \$5.00 per half hour.

Without notice to and approval by the director and/or the assistant director no child may be dropped off without sufficient staff to remain in ratio. If a child is brought in under these circumstances the parent must remain at *Lightbulb Moments* until either their contracted drop off time or sufficient staff arrives.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Classroom Emergency Card**

Child's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

MEDICAL CONCERNS/ALLERGIES: \_\_\_\_\_

ANY ADDITIONAL INFORMATION: \_\_\_\_\_