



Lighthouse Academy

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Director

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Lighthouse Academy Registration Form

Entrance Date: _____ Program Desired: _____

Child's Name: _____ Sex: _____ Birth date: _____

Home address: _____ Home Telephone: _____

Father's Name: _____ Work Phone Number: _____ Cell# _____

Place of Employment: _____ Address _____

Father's Name/Home Address/Telephone Number, if different from Child's: _____

Occupation: _____ Position _____

Mother's Name: _____ Work Phone Number: _____ Cell# _____

Place of Employment: _____ Address _____

Mother's Name/Home Address/Telephone Number, if different from Child's: _____

Occupation: _____ Position _____

Child's Living Arrangements: _____ Both Parents; _____ Mother; _____ Father; _____ Other

Child's Legal Guardians: _____ Both Parents; _____ Mother; _____ Father; _____ Other

My child may be released to the person(s) signing this agreement, or to the following:

Name	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Contact in Case of Emergency, if parent can not be reached:

Name	Address	Telephone Number
1.		
2.		

Name of Public School My Child Attends, if any: _____

Child's Physician or Clinic's Name (Child's Primary Health Source):
_____ Phone number: _____

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns:

Signature (Parent/Guardian): _____ Date: _____