



The Lighthouse MDO/Preschool  
3701 W. Spring Creek Pkwy,  
Plano, TX 75023  
972-208-4803  
Thelighthouseatcc.com

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

Start Date \_\_\_\_\_

## **ADMISSION INFORMATION**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

### **1<sup>st</sup> PARENT**

**(Primary Guardian responsible for tuition payment)**

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Email address: \_\_\_\_\_

### **2<sup>nd</sup> PARENT**

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Email address: \_\_\_\_\_

Child's Legal Guardians  Both Parents  Mother  Father  Other: \_\_\_\_\_

Child's Living Arrangements  Both Parents  Mother  Father  Other: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_