



Lighthouse Child & Family Development Center
 900 N. Benton - Lay Hall #308B
 Springfield, MO 65802

Current facility locations

First Baptist Church
 525 South Ave
 Springfield, MO 65806
 (417) 865-1378
 (417) 865-1268 fax

Messiah Lutheran Church
 925 E. Seminole
 Springfield, MO 65807
 (417) 881-4119
 (417) 881-2873 fax

INITIAL APPLICATION

Thank you for your interest in our program! Lighthouse Child and Family Development Center (LCFDC) is a unique program and different from the traditional child care setting. LCFDC is a Christian faith-based center where **Education** and **Engagement** serve as pillars of the program. LCFDC offers a holistic family approach to early childhood and recognizes that parental engagement, family goal setting and participating in consistent family support strengthens the family and ultimately the success of the child.

This initial application is to help LCFDC staff determine if a family is a potential candidate for enrollment in the program. Actual admission decisions are not made based upon this application, but on information gathered over a 5-step admissions process.

Five Step Admission Process

Step 1	Initial Application & Tour: Potential families will complete an initial application and provide work/income verification, as well as, documentation of child care subsidy (if applicable). Potential families will be able to tour the facility as well during this time.
Step 2	Family Interview: Potential families will meet with key staff members for a family interview and complete a family strengths matrix.
Step 3	Admissions Committee Review: A committee will review the information gathered and determine eligibility into the program. Families will be provided with an official letter of the decision, as well as, receive a personal phone call from the center director. Final admission will be based upon a completed background screening.
Step 4	Background Screening: Due to family engagement requirements potential families will need to pass a background screening as the final step of the admission process.
Step 5	Enrollment: If potential families are approved immediate enrollment will occur or families will be placed on an active wait list until space becomes available. Official enrollment documents will be completed at this time.

Instructions: This initial application form is to be completed by the family desiring enrollment at Lighthouse Child & Family Development Center (LCFDC). The family may be assisted in completing the application if necessary. However, actual responses should be provided directly by family members. All adult family members should sign the application in the space provided. Please complete the form accurately and completely.

Child General Information (List all children who will be attending the program)

1. Last Name: _____ First Name: _____ DOB __/__/____
 Gender: __ M __ F Social Security #: _____ Primary Language In Home: _____
 Child has a diagnosed disability: __Yes __No Child has an IFSP/IEP: __Yes __No
 Race (check all that apply):__ Asian __Black __Hispanic __Native American __ Pacific Islander __White __Other

2. Last Name: _____ First Name: _____ DOB __/__/____
 Gender: __ M __ F Social Security #: _____ Primary Language In Home: _____
 Child has a diagnosed disability: __Yes __No Child has an IFSP/IEP: __Yes __No
 Race (check all that apply):__ Asian __Black __Hispanic __Native American __ Pacific Islander __White __Other

3. Last Name: _____ First Name: _____ DOB __/__/____
 Gender: __ M __ F Social Security #: _____ Primary Language In Home: _____
 Child has a diagnosed disability: __Yes __No Child has an IFSP/IEP: __Yes __No
 Race (check all that apply):__ Asian __Black __Hispanic __Native American __ Pacific Islander __White __Other

Adult General Information (List child's legal parent(s) / guardian(s) in this section)

1. Last Name: _____ First Name: _____ DOB __/__/____
 Address: _____
 Street City State/Zip
 Home Telephone: _____ Cell: _____ Work: _____
 Email Address: _____
 Social Security #: _____ Gender: __ M __ F Custody: __Y __N
 Primary Language: _____ Lives with child: __ Y __ N
 Relationship to Child: __ Biological __ Foster/Adopted __ Step __ Grandparent __ Other
 Education: __ G12 or less __ GED __ HSG __ CERT. __AA __ BA/BS __ MS __ PHD
 Employment Status: _____ Full Time _____ Part Time
 Race (check all that apply) __ Asian __ Black __ Hispanic __ Native American __ Pacific Islander __ White __ Other

2. Last Name: _____ First Name: _____ DOB __/__/____
 Address: _____
 Street City State/Zip
 Home Telephone: _____ Cell: _____ Work: _____
 Email Address: _____
 Social Security #: _____ Gender: __ M __ F Custody: __Y __N
 Primary Language: _____ Lives with child: __ Y __ N
 Relationship to Child: __ Biological __ Foster/Adopted __ Step __ Grandparent __ Other
 Education: __ G12 or less __ GED __ HSG __ CERT. __AA __ BA/BS __ MS __ PHD
 Employment Status: _____ Full Time _____ Part Time
 Race (check all that apply) __ Asian __ Black __ Hispanic __ Native American __ Pacific Islander __ White __ Other

Name of all other members living in the household:

NAME (first and last)	Birthdate	Family Role/Relation	Highest Grade Level	Occupation

School / Income Verification

Yearly Household Employment Income: Less than \$20,000 \$20,000 – 35,000 \$35,001 – 50,000 More than \$50,000

Does your family receive child care assistance from Department of Social Services? Yes No

If you answered yes to the above question LCFDC requires the following information:

Income verified: Name of document(s) reviewed and specify year _____

Verification must include examination of any of the following:

Individual Income Tax 1040, W-2, Pay Stubs.

School verified (subsidy): Name of document(s) reviewed _____

Verification must include examination of any of the following: Current school schedule, official letter from school registrar

Family Involvement Acknowledgement & Reference Letter

Research shows your involvement early in your child's life equals success. When you get involved in your child's education, you get a better sense of what goes on when you are away from them and it enriches the experience for all children involved. When families take part in their young children's education programs, children do better in school (Harvard Family Research Project <http://www.hfrp.org>)

Are you aware of, and desire to participate in, LCFDC's Christian faith-based program? Yes No

Do all members of your family understand that the LCFDC expects all families to fully participate in all aspects of LCFDC programming - monthly family education events, family involvement and regular goal-setting meetings throughout your enrollment? Yes No

I am willing to participate in monthly family education events. Yes No

I am willing to participate in home visits and parent-teacher conferences. Yes No

I am willing to meet regularly with the LCFDC Family Support Coordinator to assess family strengths and opportunities, set family goals, etc. Yes No

I am willing to commit to 12 hours (per family) of involvement opportunities which support LCFDC and their partnering churches. Yes No

What specific goal your family would like to achieve this year?

What do you think your main obstacle is that would prevent you from achieving this goal?

Character Reference Letter: LCFDC requires all families to provide a Character Reference Letter as part of the initial application process. This can be sent directly to the location or provided to staff by the family.

Signature of Applicant(s):

Parent/Guardian

Parent/Guardian

Other Adult Family Member

For Office Use Only

Date Received: _____

Family Matrix Completed: _____

In-Person Interview Date: _____

Committee Review Date: _____

Committee Decision: _____

Reviewed by: _____

Background Screening Received: _____

Letter of Reference Received: _____

Official Enrollment Letter sent: _____