

## 2018 – 2019 New Student Application

Thank you for your interest in Lakeside Christian Academy. As we continue to grow numerically and in the scope of the academic and athletic programs we offer, we feel it is important for us as a school family to center ourselves on the philosophy and mission of our school. Should you have any questions relating to this mission and philosophy, do not hesitate to ask. We look forward to discussing these with you.

Sincerely,

*LCA Board of Directors*

### ***School Mission Statement***

The purpose of Lakeside Christian Academy shall be to operate an independent Christian school that provides a creative, loving, and academic environment for children to grow spiritually, socially, emotionally, physically, and academically through individual and group learning experiences under the guidance and nurture of carefully chosen Christian teachers, and administrators, under the Lordship of Jesus Christ. It shall be the purpose of LCA to encourage all students to grow in a personal relationship with Jesus Christ and to emphasize the value of the eternal soul, the worth of the individual, the love of God for man, and the kinship of all peoples as taught in the Holy Scriptures, while providing students with the opportunity for achieving academic excellence. The mission of LCA is to present the whole truth, for the whole person, for the whole life, under the Lordship of Jesus Christ for the glory of God.

### ***School Philosophy Statement***

LCA shall provide each student the opportunity to study and develop the student's spirit, mind, and body in a wholesome, Christian environment. Being Christian in nature, LCA shall be directed toward instruction concerning God's will for each person and shall teach that all truth is divine of origin. Knowledge to choose between good and evil, based upon God's Holy Word, shall be imparted to each child. Those serving LCA in any capacity, whether in administration, on the faculty, on the staff, Board of Directors, or as a volunteer shall subscribe to LCA's philosophy of providing a high quality, Christian education in a Christian atmosphere. The establishment and subsequent operation of LCA shall be successful only when done in accordance with God's will and for His honor and glory.

**2018 – 2019 Tuition & Fees**

**GENERAL INFORMATION**

Lakeside Christian Academy Preschool is currently available on a *School-Year Term* (September to May) or a *Year-Round Term* (September to August) to better serve your child and family! Your child will be placed in a *Kindergarten-Track Class* with peers of the same age, depending on their birthday prior to the start of the school year:

- K2 Program: Child is 2-years-old
- K3 Program: Child is 3-years-old by September 1<sup>st</sup>
- K4 Program: Child is 4-years-old by September 1<sup>st</sup>

This sets your student up for greatest success to enter Kindergarten (child turns 5 by September 1<sup>st</sup>), as he/she progresses through all three programs prior to entering school. All students entering Preschool after the school year has begun will be placed in a classroom according to the September 1<sup>st</sup> birthday deadline. (*Note: we will continue to accept 2 - year-old students throughout the school year as they turn two, with the idea they will spend a second year in the K2 classroom to continue on the Kindergarten Track.*) Students are more successful attending three or more days per week.

**TUITION RATES – School-Year Term (9 months)**

Daily Rate: \$25.75

	3 Days/Week	4 Days/Week	5 Days/Week
<b>Half Day*</b> 8:00-12:30	\$1760.00 or \$195.56/month**	\$2346.50 or \$260.67/month**	\$2933.00 or \$325.89/month**
<b>Full Day*</b> 8:00-3:30	\$2626.50 or \$291.83/month**	\$3502.00 or \$389.11/month**	\$4377.50 or \$486.39/month**
<b>APPLICATION FEE \$25 (New Families Only)</b>		<b>REGISTRATION FEE \$150.00 (by April 28<sup>th</sup> \$100.00)</b>	

\*Full-time preschool tuition includes drop-off and after-hours care from 7:30 am – 5:30 pm.  
 \*\* Monthly payments require an ACH Withdrawal Agreement.

**TEXTBOOK FEES**

Class	K2	K3	K4
Textbook & Supply Fee	\$55.00	\$55.00	\$80.00

**MULTI-STUDENT DISCOUNT:** Families that enroll two or more students at LCA will receive a 15% tuition discount for each additional student. The student in the highest grade is always considered the first student.  
**EARLY PAYMENT DISCOUNT:** Families that pay for the entire year by August 10<sup>th</sup> will receive a 5% discount.  
**FULL TIME MINISTRY DISCOUNT:** Parents/guardians employed by a church in *full-time vocational ministry* for the purposes of payroll and benefits reporting by the by-laws or regulations of the church, denomination, conference, etc. may apply for this discount. These applications must be completed yearly and will be subject to availability based on the Board of Director’s approval.

**Notice of Student Non-Discriminatory Policy**

Lakeside Christian Academy admits students of any race, color, national and ethnic origin, and grants them all 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 or ethnic origin in administration of its educational policies, admission policies, athletics, and other school-administered programs.



**New Student Application**

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED NAME

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

What is the name of the church your family is currently attending? \_\_\_\_\_

Has this student ever been evaluated or referred for evaluation of learning difficulties or school adjustment problems by a school official, psychologist, or other professional?  No  Yes

If Yes, give the name of the school and the details. \_\_\_\_\_

\_\_\_\_\_

How would you rate your child's health?  excellent  good  fair  poor

List any mental, emotional or physical handicaps which may affect the child's activities or progress.

\_\_\_\_\_

\_\_\_\_\_

Does the applicant regularly require any medication?  No  Yes If Yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**

Check any that apply: *Applicant lives with*

Father     Stepfather     Name of Stepfather: \_\_\_\_\_

Mother     Stepmother     Name of Stepmother: \_\_\_\_\_

Check any that apply: *Applicant's*

Father is deceased     Parents are divorced

Mother is deceased     Parents are separated

To whom should correspondence be sent?  Both parents     Father     Mother

Parent(s) with whom child lives			
<u>Circle One</u>			
Father/Stepfather's Name: _____			
			<i>Nickname</i>
<u>Circle One</u>			
Mother/Stepmother's Name: _____			
			<i>Nickname</i>
Home Address: _____			
Street	City	State	Zip
Home Phone: (____) ____ - ____    Email Address: _____			
Father / Stepfather's Occupation: _____			
Business Information:			
_____			
Name	Street Address	City	State & Zip
Work Phone: (____) ____ - ____    Cell Phone: (____) ____ - ____    Email: _____			
Mother / Stepmother's Occupation: _____			
Business Information:			
_____			
Name	Street Address	City	State & Zip
Work Phone: (____) ____ - ____    Cell Phone: (____) ____ - ____    Email: _____			
Parent(s) with whom child does NOT live (if applicable)			
<u>Circle One</u>			
Father/Stepfather's Name: _____			
			<i>Nickname</i>
<u>Circle One</u>			
Mother/Stepmother's Name: _____			
			<i>Nickname</i>
Home Address: _____			
Street	City	State	Zip
Home Phone: (____) ____ - ____    Email Address: _____			

**Sibling Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Applying to LCA?  No  Yes

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Applying to LCA?  No  Yes

*Name of relatives who attend or are employed by Lakeside Christian Academy:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Why do you want your child to attend Lakeside Christian Academy?

---

---

---

---

What expectations do you have of your child as a student here?

---

---

---

---

**PRESCHOOL STUDENT INFORMATION CARD**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle Month Day Year

**Contact Information:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Grade Entering \_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Student's Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Media Release:**

My child's picture  **may** /  **may not** be taken for school use such as website, advertisement, newspapers, Facebook Group (closed to parents only), etc.

**PAYMENT INFORMATION:**

We provide 3 different options for you to pay your tuition. ***Please check which method you will use:***

- Monthly (must fill out attached ACH Withdrawal Agreement)
- Semesterly (due in 2 equal payments during the 1<sup>st</sup> week of August and January)
- Annually (must be received by August 10<sup>th</sup> to receive the 5% Early Pay discount)

**PLEASE CIRCLE/HIGHLIGHT TERM AND DAYS YOUR CHILD WILL BE ATTENDING:**

**Full Year (12 months)**

**School Year (9 months)**

AGE	HALF DAY	FULL DAY
2-3 Year Old	Mon. Tues. Wed. Thurs. Fri.	Mon. Tues. Wed. Thurs. Fri.
4-5 Year Old	Mon. Tues. Wed. Thurs. Fri.	Mon. Tues. Wed. Thurs. Fri.

**THE FOLLOWING DOCUMENTATION SHOULD ACCOMPANY YOUR APPLICATION:**

- ACH Withdrawal Agreement\*
- Student Information Card
- Medical Treatment Consent Form
- Authorization for Child Pick-up
- Parent Covenant
- Registration Fee of \$150.00
- Book Fee
- Sunscreen Permission
- Diaper Cream Permission
- Immunization Records
- Birth Certificate



**Consent to Medical Care and Treatment of Minor Child**

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

I am the natural parent/legal guardian of the above named child and I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my right of informed consent to such treatment.

Father's Signature: \_\_\_\_\_  
*Date*

Mother's Signature: \_\_\_\_\_  
*Date*

Insurance Provider: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Group #: \_\_\_\_\_

ID #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list any ongoing medical issues or concerns we need to be aware of (i.e. any type of allergies, asthma, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Child Pick-up**

We understand that children may be picked up by adults, other than their parent and/or guardian. In order to protect your child, we are asking that you let us know, in advance, if you will have someone picking your child up from school or a related function. You may pre-authorize adults by completing the information below.

Please let the authorized person know that photo identification may be required if a staff member is unfamiliar with them.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Mother's Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Mother's Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Father's Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Father's Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Authorized Person(s):**

- |    |   |  |
|----|---|--|
| 1. |   |  |
|    | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 2. |   |  |
|    | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 3. |   |  |
|    | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 4. |   |  |
|    | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 5. |   |  |
|    | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 6. |   |  |
|    | Authorized Person's Name (Please print) | Relationship to child & Contact Number |

I/We authorize the above person(s) to pick up my child from school. I/We understand that permission will be in place until a change is communicated, in writing, to the school.

\_\_\_\_\_  
*Parent Signature* *Date*



## Parent Covenant

The School Board and Administration of Lakeside Christian Academy encourage our parents to join together, pledging to uphold this covenant in order to glorify God through families, teachers, and students that embody His grace. At least one parent must pledge support of this covenant.

**I/We as parent(s) understand, agree, and will commit to the following statement of support:**

1. To guide our children through a biblical worldview, recognizing LCA as a supportive partner. (Deuteronomy 6:5-7; Colossians 2:8; Matthew 22:37)
2. To pray earnestly for LCA, its families, faculty, staff, and administration. (James 5:16)
3. To serve the school in whatever capacity, with my time, and talents. (Mark 10: 43-45)
4. To preserve unity in the body by seeking to resolve any conflict within LCA by first appropriately addressing the matter with the person, or persons, directly involved. (Matt. 18:15-17)
5. To look for the good in our children's behavior and to praise them for demonstrating Christ-like character. (I Corinthians 13:4-7)
6. We agree to be responsible for all financial obligations to Lakeside Christian Academy as stated in the ***ACH Withdrawal Agreement***. *We understand that if we withdraw our student during a semester, we are still required to pay the remaining semester's tuition.* Families who are delinquent in keeping their accounts up-to-date may be asked to withdraw their child until accounts are in order. (1 John 2:5)

---

Parent Signature

Date

**Parent & Student Agreement**

Please read our school handbook then place a check mark in the space beside each statement to indicate your agreement.

- We/I accept the challenge to “train up a child in the way he should go” (Proverbs 22:6) and state this training will carry on in the home. We place our trust in Lakeside Christian Academy (faculty, staff, and administration) to extend that training completely.
- We/I acknowledge that we have read the Parent-Student Handbook and agree to uphold all standards and regulations therein.
- We/I pledge to support the school by praying for its program, staff, and by supporting the procedures and discipline policies of the school.
- We/I agree to promote the spirit of unity within the ministry of the school. That is, we agree that if in need of help with a school problem, we will follow the procedure outlined in the Conflict Resolution Policy in the school handbook.
- We/I agree (parents only) to be responsible for all financial obligations to Lakeside Christian Academy as outlined in the Tuition & Fees Policies in the school handbook. Furthermore, we understand that if we withdraw our student during a semester, we are still responsible for the remaining balance of tuition for that semester.
- We/I agree (student(s) only) to submit to the teachers, staff, and administration leadership of Lakeside Christian Academy and do my part to take advantage of the superior opportunity I have been given to obtain a first-class education in a Christian environment.

---

Parent(s) Signature Date

---

Student(s) Signature Date

**\*\*All of our Handbooks are available on the school web site and in the school office\*\***

**Believe. Serve. Achieve.**

**ACH Withdrawal Agreement**

I (we) hereby authorize Lakeside Christian Academy, hereafter called COMPANY, to initiate entries to my (our) Account indicated below at the Financial Institution named below, hereafter called (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution	Account Type:	Withdrawal Date:
	<input type="checkbox"/> Checking	<input type="checkbox"/> 1 <sup>st</sup> of the month
	<input type="checkbox"/> Savings	<input type="checkbox"/> 15 <sup>th</sup> of the Month

\_\_\_\_\_  
 Address of Financial Institution – City, State & Zip

Routing Number	Monthly Withdraw:
	<input type="checkbox"/> Tuition
	<input type="checkbox"/> Lunch
	<input type="checkbox"/> After School

The tuition amount will be a separate withdrawal from lunch and after school.

\_\_\_\_\_  
 Account Number

This authorization is to remain in full force and in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_  
 (Please Print)

Signature: \_\_\_\_\_  
*Date*

**Please attach a VOIDED CHECK.**

ADMINISTRATIVE FEE NOTICE:

A *one-time* \$35.00 fee will be added to your first month's payment in order to cover the cost of administering your monthly payment plan.

## SUNSCREEN PERMISSION FORM

My child, \_\_\_\_\_, can use \_\_\_\_\_ sunscreen at  
(child's name) (specify Sunscreen)  
school to be applied to the following areas (check all that apply):

- Arms
- Legs
- Face
- Other \_\_\_\_\_

Sunscreen should be applied to my child (check all that apply):

- At preschool, before going on the playground
- At afterschool, before going outside
- Only during prolonged outdoor exposure (i.e. water day, field day, etc.)

My child does NOT have permission to use sunscreen.

---

Parent Signature

---

Date

**\*Please provide a bottle of your preferred sunscreen with your child's name written on the outside.**

## DIAPER CREAM PERMISSION FORM

LCA Preschool Staff has permission to use \_\_\_\_\_ brand  
diaper cream on my child, \_\_\_\_\_, when necessary.

LCA Preschool Staff does NOT have permission to use diaper cream on my child,  
\_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Classroom Pet Permission Form**

State regulations require parental consent for classroom pets. We have fish, crabs, and turtles in our preschool classrooms.

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give my permission for my child to be exposed to and observe all of these pets.

Date Signed: \_\_\_\_\_

**Walking Field Trip Permission Form**

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give my permission for my child to utilize the basketball courts, blacktop path, grassy areas, and nature walk track, as directed by his/her teacher for play or educational purposes. Date Signed: \_\_\_\_\_

**Consent to administer emergency medication**

(ex. Epi-pen, seizure medication, etc)

*\*Please attach a physician's note with instructions on dosage and how to administer\**

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give my permission for Lakeside Christian Academy staff to administer the life-saving medication listed below in the event of an emergency following the instructions given by my child's physician.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special instructions for administering: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency/Disaster Preparedness Plan**

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, have read the emergency/disaster preparedness plan and received a copy of the parent information form for reunification (remove attached copy for your records). Date Received: \_\_\_\_\_



**LCA EMERGENCY/DISASTER PREPAREDNESS  
 PARENT INFORMATION FORM FOR REUNIFICATION**

In case of emergency in which students need to be taken to an off-site location, LCA Preschool students will be transported to the following location:

<b>Name of Provider/Program</b>	<b>Lakeside Christian Academy</b>
<b>Program address</b>	<b>2535 US 60 West Morehead, KY 40351</b>
<b>Emergency/ Disaster contact at the child care program</b>	<b>Nancy Hicks</b>
<b>Phone number of emergency/disaster contact</b>	<b>(606) 784-2535</b>
<b>Cell phone of emergency/disaster contact (Please do not call cell phone number during non-emergencies; it will not be turned on.)</b>	<b>(606) 356-0444</b>
<b>In the event the facility/home must be evacuated because of an emergency/disaster, the staff and children will leave the building and gather in the immediate area at</b>	<b>Lakeside Gymnasium</b>
<b>In the event the facility/home must be evacuated because of an emergency/disaster in the immediate area the children and staff will be transported by <u>walking</u> to</b>	<b>Home of Jackie &amp; Pauline Roberts (grandparent of student)</b>
<b>The address, phone number, and contact person at the relocation site is</b>	<b>Jackie &amp; Pauline Roberts 25 Kentre Lane Morehead, KY 40351 606-784-9376</b>
<b>The address, phone number, and contact person of the alternate relocation site (#2) if the first relocation is not accessible, is</b>	<b>N/A</b>
<b>If necessary, children will be transported to this health care facility</b>	<b>St. Claire Regional Medical Center</b>
<b>Address, phone number, and position title of contact at health care facility</b>	<b>222 Medical Circle 606-783-6500 Emergency Room Personnel</b>

\* Please see your child care provider if you would like to review the complete emergency/disaster preparedness plan.

## Back-to-School Checklist

---

Welcome to Lil' Falcons Preschool at LCA! Please make sure and bring the following items on or before the FIRST day of school:

- Classroom Supplies (be sure and check with your child's class or school website for a list)
- ALL School Forms: Emergency Contact Info., Child Info., Immunization Records, Birth Certificate, Authorized Escort Sheet, Permission Forms
- At least two changes of clothes, including socks, in a Ziploc bag with child's name (or more if potty training).
- Nap time items (examples: sheet, blanket, SMALL pillow, nap sack, etc.) in a small tote for your child's cubby (check with child's teacher for size).
- Package of diapers/pull-ups if your child is in diapers or potty training.
- Backpack (for child's papers and dirty clothing)
- Snacks: check the Snack Calendar for which day(s) you are assigned
- Gym Shoes: students are required to wear shoes on the days they have gym. You may leave a pair at school if you wish.
- Sunscreen and/or diaper cream with your child's name labeled on it, along with Permission Form.

If you have any questions, please do not hesitate to ask! We look forward to serving your family this year!

Faithfully,  
Preschool Staff

**Believe. Serve. Achieve.**