

## ENROLLMENT REQUIREMENTS

- 1) Spiritual Expectations
  - a. Parent(s) and student(s) must be active in a Bible-believing church as confirmed by their pastor.
  - b. Parents and students shall express and demonstrate their agreement with the school's philosophy and handbook policies.
- 2) Academic Expectations
  - a. Students entering kindergarten will be admitted after successful completion of a developmental readiness evaluation.

## ADMISSIONS PROCEDURE

- 1) An application, financial form, and registration fee for admittance must be submitted for all students who desire to attend Lancaster County Christian School.
- 2) Intake testing will be administered to each new applicant. No intake testing necessary for preschool students.
- 3) All remaining forms and documentation listed below in the ***Applicant Checklist*** must be brought to the intake testing appointment.
- 4) An interview will be held with each new applicant and family that have completed the necessary application packet. The interview should be attended by both parents, single parent, or guardian and student.
- 5) Upon approval, parents are informed of the student's acceptance. Conditions may be required for acceptance.
- 6) Enrollment will be considered complete for that school year when all of the above steps have been finalized and all necessary paperwork has been submitted.

## PRE-KINDERGARTEN APPLICANT CHECKLIST

- Family Profile
- Student Profile
- Financial Form
- A registration fee of \$ 30 due at time of application

All of the following documents should be submitted before or at the family interview.

- Official Birth Certificate of Applicant
- Official documents of all required immunizations or letter of exemption
- Finance Form
- Pastors' Affirmation Form (by Pastor)
- Volunteer Form
- Emergency/Medical Treatment Release Form
- Transportation Form

# FAMILY PROFILE

To be completed by parent of applicant

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

## FATHER

Name: \_\_\_\_\_  Mr.  Dr.  Rev.  Other

Home address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Relationship to student:  Father  Step-Father  Guardian  Other Relative \_\_\_\_\_

Church you attend: \_\_\_\_\_ Are you a member?  Yes  No

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

Church Phone: \_\_\_\_\_ Pastor: \_\_\_\_\_

Have you personally received Jesus Christ as your Savior and Lord?  Yes  No  Unsure

Employer's Name/Company: \_\_\_\_\_ What is your line of work? \_\_\_\_\_

Self-employed. If self employed, is your business incorporated?  Yes  No

Business address (if self-employed): \_\_\_\_\_

## MOTHER

Name: \_\_\_\_\_  Mrs.  Ms.  Dr.  Other

Home address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Remarried  Single

Relationship to student:  Mother  Step-Mother  Guardian  Other Relative \_\_\_\_\_

Church you attend: \_\_\_\_\_ Are you a member?  Yes  No

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

Church Phone: \_\_\_\_\_ Pastor: \_\_\_\_\_

Have you personally received Jesus Christ as your Savior and Lord?  Yes  No  Unsure

Employer's Name/Company: \_\_\_\_\_ What is your line of work? \_\_\_\_\_

Self-employed. If self employed, is your business incorporated?  Yes  No

Business address (if self-employed): \_\_\_\_\_

Names of Children Applying	Date of Birth	School Year Entering LCCS	Grade Applying For
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School District in which children reside: \_\_\_\_\_ Boro/Township \_\_\_\_\_ County \_\_\_\_\_

(Over)

Custody  Both Parents  Father  Mother  Guardian Student resides with: \_\_\_\_\_

Name and address of non-custodial parent if not listed above: \_\_\_\_\_

Should the non-custodial parent:

Be listed in the school directory?  Yes  No Receive school correspondence?  Yes  No

Receive progress reports and report cards?  Yes  No

Family is:  New to LCCS  Former LWA family  Former LCS Family

Why do you want your child(ren) to attend Lancaster County Christian School?: \_\_\_\_\_

Explain your faith in Jesus Christ and the impact on your family. \_\_\_\_\_

Do you anticipate the need for financial assistance to meet your obligations to the school?  Yes  No

- If yes, please request a financial aid packet from the Business Office.

How did you learn about LCCS?  Billboard  Chamber of Commerce  Newspaper  Phone Book  Radio

Realtor  Christian Schools Booklet  School Family  Website  Magazine  Other \_\_\_\_\_

Were you referred to LCCS by a current school family? If so, who referred you? \_\_\_\_\_

**STATEMENT OF PARENT OR GUARDIAN**

In signing this application, I am in agreement and consent to:

1. The LCCS Philosophy of Education Statement, Vision, Mission, and Ends Statements.
2. Payment of established tuition and fees when due. I understand there will be other opportunities to give.
3. Participation in the annual family orientation.
4. I hereby give permission for LCCS to use my child’s picture in publications, promotional video/CD and on the website of LCCS. Often we like to highlight events as a way of showing what “life” at LCCS is all about. For example, to share that we have an active athletic department, we might picture students on the soccer field as they score a goal, or we might show a group of students listening intently to the librarian reading a book, or we might emphasize our drama department with a picture from a recent production. Publishing these group activity pictures require permission from the parents of each child in the photo.

Request for Textbooks/Materials

Pennsylvania makes available to students in private schools textbooks and certain instructional materials. In order for LCCS to receive these materials, parents, guardians, or persona in loco parentis must request the loan of these materials for their child’s use by placing a check in the box below.

I hereby request the loan of instructional materials and textbooks in accordance with Act 90 of 1975 and Act 195 of 1972 for my child attending Lancaster County Christian School in Lancaster, Pennsylvania.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Guardian: \_\_\_\_\_ Guardian: \_\_\_\_\_

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

# PRESCHOOL STUDENT PROFILE

To be completed by parent of applicant

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

Full Legal Name of Child: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Social Security Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ School District in which child resides: \_\_\_\_\_

Ethnic background (for accreditation purposes)  African  Asian  Caucasian  Hispanic  Native American

Other: \_\_\_\_\_

Applying for:

Pre-Kindergarten      How many days?  2 full days (Tues & Thurs)  3 half days (Mon, Weds, & Fri)

Please check off all that apply in terms of strengths and/or particular needs or concerns that would be of value to the teacher in our accommodation of your son/daughter as a student.

Developmental Program for Preschool (S. June Smith, etc.)  Current IEP

Hearing Limitations  Speech Limitations  Physical Limitations

Has your child received any support services within the past?  No  Yes

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

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# 2012-2013 PRESCHOOL TUITION PAYMENT OPTIONS

Please complete this form and return to LCCS along with your registration forms.

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Person to Bill for Tuition: \_\_\_\_\_

Email for this person: \_\_\_\_\_

Church applying family attends: \_\_\_\_\_

## 2012-2013 TUITION PAYMENT OPTIONS (PLEASE CHECK ONE)

- Cost is \$1,188 for two full days and \$900 for three half days.
- Please check one of the following payment options:
  - 1. One payment option – due by August 1
  - 2. Nine month payment option by preauthorized direct debit on the 5<sup>th</sup> of each month – Sept. 2012 – May 2013

## PRESCHOOL FACTS

- Children applying for Pre-Kindergarten must be four years old by September 2012
- Pre-K has two time options
  - Two full days – Tuesday and Thursday, 8:10 – 2:45
  - Three half days – Monday, Wednesday, and Friday, 8:10 – 11:30
- Pre-K follows the school-wide academic calendar
- **Pre-K registration fee is \$30 per student.**
- Registration fee must be submitted with application

## STUDENT INFORMATION

Please list all LCCS students, highest grade to lowest grade and which campus they will attend

Student's Name	2012-2013 Grade	List Pre-K Program Choice	AL Code (Office Use Only)

## FEES AND REGULATIONS

Non Sufficient Funds: Up to \$25 per check or direct debit returned to us.

Late Fee: \$25 per month may be assessed for any family whose tuition payments are not current at the end of the month.

Withdrawal: Fee for early withdrawal is \$100 for each incomplete quarter, maximum \$400.

Student records, including report cards, transcripts, and diplomas will be released when all academic and financial obligations have been met.

As parents, we understand and agree to abide by the above regulations:

Father Signature: \_\_\_\_\_

Mother Signature: \_\_\_\_\_

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

## AUTHORIZATION FOR DIRECT DEBIT

I authorize Lancaster County Christian School to initiate electronic debit entries to my:

Checking Account       Savings Account

for my payment of tuition. I understand I will receive a notice if the amount changes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Name (Please print) \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

A \$25 fee will be assessed if the pre-authorized debit is returned Non Sufficient Funds.

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

## PRESCHOOL PASTOR'S RECOMMENDATION

Lancaster County Christian School students encounter the Living God through the Living Curriculum which prepares them for Living Life. The school provides outstanding opportunities in Academics, Arts, Athletics, and Assisted Learning.

The family listed below is applying for admission to our school. Your understanding of the family, its place of progress in faith, and any particular information about its needs will be very helpful to our Admissions process. We require that families maintain an active involvement with a local church that supports the school's statement of faith.

Please submit this form directly to the school's Admissions Office in the envelope provided or fax to 717-656-4868.

**FAMILY • Part I:** (To be completed by a parent/guardian)

Family: \_\_\_\_\_

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

Names and grades of students seeking admissions to Lancaster County Christian School: \_\_\_\_\_

After you have completed **Part I**, please give this form and the enclosed business envelope to your pastor to complete and to mail directly to the school.

**PASTOR • Part II** (To be completed by a member of the pastoral staff)

Describe the family's church attendance:  3-4 times/month  1-2 times/month  Infrequent

Church membership of parents:  Both parents  Father  Mother  Neither Parent

Is the family active in your church beyond Sunday attendance?  Yes  No

If yes, what is their involvement?: \_\_\_\_\_

Do you consider the children open to spiritual instruction?  Yes  No

Do you recommend the family for admission to Lancaster County Christian School?  Yes  No

Pastor's Signature: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

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

Please use the enclosed envelope and return to: Admissions Office, Lancaster County Christian School  
2390 New Holland Pike, Lancaster PA 17601  
Forms may also be faxed to 717-656-4868

# PRESCHOOL MEDICAL RELEASE FORM

School Year: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell : \_\_\_\_\_

Student lives with?  Both Parents  Mother  Father  Guardian  Foster Home

Please number in order of preference your desired procedure in the case of illness or injury:

( ) Contact Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

( ) Contact Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

( ) Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

( ) Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\* One of the above **must** be available to pick up the child if he/she has to go home.

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this child have food allergies?  No  Yes

If yes, please specify: \_\_\_\_\_ Type of reaction: \_\_\_\_\_

Does this child have drug allergies?  No  Yes

If yes, please specify: \_\_\_\_\_ Type of reaction: \_\_\_\_\_

Is an Epi-pen required/prescribed by a doctor?  No  Yes

Does your child carry an Epi-pen with him/her?  No  Yes If yes, Doctor's Order (school form) is needed. Parent is responsible for providing the Epi-pen.

Does this child have asthma?  No  Yes If yes, list triggers/symptoms: \_\_\_\_\_

Has your doctor prescribed an inhaler?  No  Yes If yes, list name of inhaler: \_\_\_\_\_

If yes, Doctor's Order (school form) is needed. Parent is responsible for providing medication to the school.

Does this child have chronic or medical conditions/illnesses? If yes, check:  Seizures  Diabetes ( Type 1 or  Type 2)  Cardiac Condition  Other, specify \_\_\_\_\_

Please list any other important information to help us better care for your child while at school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list medications & reason for taking at home: \_\_\_\_\_

Please list medications & reason for taking at school: \_\_\_\_\_

\* All prescription medications that need to be given during school hours must have a Doctor's Order (school form) and be kept in the nurses' office.

The following are the approved over-the-counter medications that may be administered at school. Please check yes or no as to whether your child may be given these medications:

(Over)

Medication/Dosage	Yes	No	Medication/Dosage	Yes	No
Tylenol/acetaminophen, as directed for weight & age			Tums, one tablet up to four times a day		
Motrin/Advil/ibuprofen, as directed for weight & age			Solarcaine spray for burns, apply as needed		
Non-drowsy Robitussin cough syrup, as directed for weight & age			Triple Antibiotic Ointment, apply as needed		
Cough drops or lozenges, one as needed			Calamine/Caladryl lotion, apply as needed		
Benadryl for allergic reactions (hives, rash, itching, sneezing, runny nose), as directed for weight & age			Phenylephrine HCL/Non-drowsy Pseudoephedrine free/Nasal Decongestant tablets/liquid, as directed for weight & age		

### Medical Permission for School Health Services

- I hereby give permission for my child to receive the following medical attention as part of the state-mandated regulations and school health program:
  - Height and weight annually; K – 12
  - Vision screening annually; K – 12
  - BMI ratio and BMI percent; K – 12
  - Hearing screening; K, 1, 2, 3, 7, & 11
  - Scoliosis screening examinations; 6 & 7
  - Random head lice screening
  - Puberty informational talk and video; 5
- Each year the school nurse prepares a confidential list that includes students who have significant health concerns. This confidential list is shared with staff for the sole purpose of protecting the health and well being of the student. By signing below you allow the nurse to share any information deemed appropriate.
- If a parent cannot be notified, and emergency care is necessary, I hereby give my permission for this student to be transported to the nearest hospital and I give permission for the hospital to give emergency treatment as may be needed. I will assume responsibility for fees incurred by such an emergency.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PRESCHOOL TRANSPORTATION FORM

Please list the names of individuals approved to pick up this student if you are not available or in the case of an emergency evacuation:

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Please list the names of individuals not authorized to pick up this student at any time:

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## ACTIVITY PARTICIPATION AGREEMENT

This agreement covers all school activities; however, individual permission slips with specific details will still be provided for class trips.

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

In consideration for the opportunity to participate in any school activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, unless such injury arises out of the gross negligence of the Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

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

# VOLUNTEER FORM

We offer families various opportunities to partner with us and be involved in their school. Volunteering, as well as financial giving, helps meet the difference between tuition income and actual expenses.

Please check those projects in which you would like to consider involvement. As the need arises, we will contact you with more information. If you have any questions, please feel free to contact the Development Office.

Father    Mother

- Chapel or Classroom Speaker
- Creative/Technical Writing
- Photography
- Room Parent
- Theatre/Drama
- Food Donations

Father    Mother

- Computer Work/Graphics
- Office Support
- Prayer Support
- School Lunch Program
- Volunteer Bus Driver (CDL)
- Athletics

- Special ability/talent (please comment below)

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- School Events (circle those interested in helping with)

Phone-a-thon, Auction, Friends of LCCS Banquet, Race for Education, Golf Tournament & Challenge, Bike-a-thon

Comments: \_\_\_\_\_

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

Name of Children at LCCS: \_\_\_\_\_

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

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

Best time to contact you: \_\_\_\_\_

Preferred method of communication     Home Phone     Cell Phone     Email