



## Superior Education from a Christian Perspective

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Welcome to Preschool and Pre-k at Lake Country Christian School!

It is time to begin thinking about school starting! We are excited about this school year! In this email attachment you will find your child's ENROLLMENT PACKET. If you have not already turned in a packet for the fall (the summer forms do not count) please print it, (or you can come by the school and get your copy), fill it out completely, with signatures, and bring it to "Meet the Teacher" Open House,

Saturday, August 21

Preschool - 9:00 to 9:45

Pre-k - 10:00 - 10:45

"Meet the Teacher" Open House is a wonderful Saturday morning when YOU come to school with your child. Bring all your supplies (you do not need to label anything) and come to participate in a mini-morning of school. You will get to check out your child's teachers, locker, schedules, etc. You can even play on the playground after class, if you wish! Then your child will be all ready to come to his/her next regularly scheduled school day!

Below is your child's SUPPLY LIST:

- A backpack to bring every day (large enough to hold an 8 1/2" x 11" paper); no rolling bags, please
- 1 package of 10 count Crayola Markers
- 4 Elmer's glue sticks (Disappearing Purple)
- 1 box GALLON size zip lock bags
- 1 box QUART size zip lock bags
- A sand toy (like a bucket, shovel, etc.)
- 3 packages baby wipes
- 1 Watercolor Paint Tray
- Clorox wipes
- 1 pink eraser
- 2 package of WHITE card stock paper
- 2 package of COLORED card stock paper

## 2021-2022 School Calendar

August 21: Meet the Teacher: 9:00-9:45 Preschool  
10:00-10:45 Pre-k

August 25: Wednesday, School begins

September 6: Labor Day, LCCS closed

October 13,14,15: Fall Break, LCCS closed

Week of October 25: Conferences

November 23: Primary & Secondary Thanksgiving Family Lunch

November 24,25,26: Thanksgiving Break

December 16: Christmas Program

December 20—January 2: Christmas Break

Classes resume - January 3

March 14-18: Spring Break

April 7: Spring Program

April 15: Good Friday; LCCS closed

Apr.29, Friday: PreK Alphabet Bash

Month of May: Conferences

May 6, Friday: Preschool Family Palooza

May 13: Last Day of School



# Enrollment Packet

FOR OFFICE USE ONLY  
Medications/Allergies

PreK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enrolling in M T W Th F

(Please print legibly)

Child's FULL name \_\_\_\_\_ d.o.b. \_\_\_\_\_ age \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

MOTHER'S name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Email address \_\_\_\_\_

Church membership \_\_\_\_\_ Interests/Hobbies \_\_\_\_\_

FATHER'S name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Email address \_\_\_\_\_

Church membership \_\_\_\_\_ Interests/Hobbies \_\_\_\_\_

Child lives with (circle) MOTHER FATHER other \_\_\_\_\_

Other caregivers \_\_\_\_\_

In case of emergency, other than Mother and Father, contact:

name \_\_\_\_\_ phone #s \_\_\_\_\_

relationship to child \_\_\_\_\_ other phone #s \_\_\_\_\_

Persons authorized to pick up your child. This information MUST be completed 100% for each authorized person.

name

phone

driver's license #

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

Does your family attend church? \_\_\_\_\_

Parents' education:

Father

Completed high school    yes    no

Years of college \_\_\_\_\_

Degree \_\_\_\_\_

Trade School \_\_\_\_\_

Area of study \_\_\_\_\_

Mother

Completed high school    yes    no

Years of college \_\_\_\_\_

Degree \_\_\_\_\_

Trade School \_\_\_\_\_

Area of study \_\_\_\_\_

Siblings living with child:

name

age

sex

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Siblings NOT living with child:

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Other schools your child has attended: \_\_\_\_\_

Your expectations for your child at Lake Country Christian School

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Child's Interests

Indoor\_\_\_\_\_

Outdoor\_\_\_\_\_

Large motor/Sports\_\_\_\_\_

Fine motor\_\_\_\_\_

Specific responsibilities at home\_\_\_\_\_

Television programs\_\_\_\_\_

TV hours per day\_\_\_\_\_

Free time activities\_\_\_\_\_

Pets\_\_\_\_\_

Choice of activities when playing with peers\_\_\_\_\_

Grandparents or relatives seen frequently    yes    no

Child's reaction to new situations\_\_\_\_\_

.....

Anything of which you need to make LCCS aware in confidence that affects your child's learning or socialization: or special needs:

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

Child's Health

Has your child had chicken pox?    yes    no    Date: \_\_\_\_\_

Other diseases and dates: \_\_\_\_\_

\_\_\_\_\_

Surgeries and dates: \_\_\_\_\_

\_\_\_\_\_

Continuing health problems: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Special fears: \_\_\_\_\_

Special security items (i.e., blanket, thumb, etc.) \_\_\_\_\_

Anything else? \_\_\_\_\_

Physician/Pediatrician: \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_

hospital \_\_\_\_\_

Dentist: \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_

**LAKE COUNTRY CHRISTIAN SCHOOL**  
*AUTHORIZATION TO TREAT A MINOR*

I (we), the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examinations, anesthetic, medical, or surgical diagnosis and treatment and emergency hospital care which is advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from said state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient. But that any of the above treatment will not be with help if the undersigned cannot be reached.

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
signature of father or legal guardian

Date: \_\_\_\_\_  
signature of mother or legal guardian

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

DRUG ALLERGIES \_\_\_\_\_

FOOD ALLERGIES \_\_\_\_\_

Pertinent medical information \_\_\_\_\_  
\_\_\_\_\_

Last TETNUS booster \_\_\_\_\_

Emergency Phone #s Mother \_\_\_\_\_

Father \_\_\_\_\_

Financial responsibility \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Child's physician \_\_\_\_\_ phone # \_\_\_\_\_

Address \_\_\_\_\_

Hospital \_\_\_\_\_

LAKE COUNTRY CHRISTIAN SCHOOL  
*SCHOOL TRANSPORTATION PERMISSION*

I hereby give my permission for Lake Country Christian School to transport \_\_\_\_\_ provided that the driver has liability insurance in force and has a valid Oklahoma driver's license. I understand that this form is supplied by the Department of Institutions, Social and Rehabilitative Service for the convenience of the child care facility and myself, and that supplying this form in no way imposes any responsibility or obligation upon that department.

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date

LAKE COUNTRY CHRISTIAN SCHOOL  
*Permission to Participate in School Activities*

I hereby grant permission for \_\_\_\_\_ to use all of the play equipment and participate in all of the activities of Lake Country Christian School.

I hereby grant permission for my child to be included in evaluations and pictures connected with Lake Country Christian School.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks, bike rides, or field trips in an authorized vehicle. Notice will be placed in the office if children are taken from the premises.

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date



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2020-21

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## PARENTS $\emptyset$ CONTRACT

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Student \_\_\_\_\_ Class \_\_\_\_\_

Please check the following statements, if true, and sign below:

\_\_\_\_\_ I have received and read the Lake Country Christian School Handbook.

\_\_\_\_\_ I understand the policies and/or procedures of Lake Country Christian School.

\_\_\_\_\_ I have completed and signed ALL Enrollment Forms and Releases.

\_\_\_\_\_ I agree that tuition is due on the first of each month.

\_\_\_\_\_ Someone with authority will be available during school hours to answer an emergency phone call.

Do you need to make any other tuition arrangements? \_\_\_\_\_

\_\_\_\_\_ I understand and agree that if my tuition is not received by the fifth of the month, unless other payment arrangements have been made, that my child will be dropped from enrollment at Lake Country Christian School.

\_\_\_\_\_ I understand and agree to all the requirements for attending Lake Country Christian School. I understand that not adhering to these policies will result in terminating enrollment at LCCS.

\_\_\_\_\_  
Father's signature or legal guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
Mother's signature or legal guardian

\_\_\_\_\_  
date