Superior Education from a Christian Perspective



4101 S. Maple Sand Springs, OK 74063 918.245.6602 lakecountrychristianschool@cox.net www.lakecountrychristianschool.com

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 20

<u>Preschool - 9:00 to 9:45</u>

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

2022-2023 School Calendar

August 20: Meet the Teacher: 9:00-9:45 Preschool

10:00-10:45 Pre-k

August 24: Wednesday, School begins

September 5: Labor Day, LCCS closed

October 12,13,14: Fall Break, LCCS closed

Week of October 24: Conferences

November 22: Primary & Middle School Thanksgiving Lunch

November 23,24,25: Thanksgiving Break

December 15: Christmas Program

December 19—January 1: Christmas Break

Classes resume - January 2

March 13-17: Spring Break

April 13: Spring Program

April 7: Good Friday; LCCS closed

Apr.28, Friday: PreK Alphabet Bash

Month of May: Conferences

May 5, Friday: Preschool Family Palooza

May 12: Last Day of School



Enrollment Packet

	Medications/Allergies		
eK_			

FOR OFFICE USE ONLY

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	Оссира	tion	
Business address		Email address	
Church membership	Inte	erests/Hobbies	
FATHER'S name		Home phone	
Address		City/Zip	
Work phone	Cell phone		Age
Employer	Occupat	tion	
Business address		Email address	
Church membership	Inte	erests/Hobbies	
Child lives with (circle) MOTHER	FATHER other		
Other caregivers			
In case of emergency, other than M	other and Father, contact:		
name	phone	e #s	
relationship to child		_other phone #s	
Persons authorized to pick up your of name	child. This information MUST be phone	•	•

Does your family attend church?			
Parents' education:			
Father		Mother	
Completed high school yes no	(Completed high school	yes no
Years of college	Years of college		
Degree		egree	
Trade School	_ 1	rade School	
Area of study	_ /	Area of study	
Siblings living with child:			
name	age	Se	ex .
Siblings NOT living with child:			
Other schools your child has attended:	 		
Your expectations for your child at Lake Cou	intry Chris	tian School	

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 <u>in confidence</u> that affects your child's learning o 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
nhone

LAKE COUNTRY CHRISTIAN SCHOOL AUTHORIZATION TO TREAT A MINOR

I (we), the undersigned parent, parents, or	or legal guardian of		
a minor, do herby authorize and consent to any x-ray examinations, anesthetic, medical, or surgical diagnosis and			
	ch 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			
	thorization 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 judgme	ent may deem advisable. It is understood that effort shall be made to		
	reatment to the patient. But that any of the above treatment will not be		
with help if the undersigned cannot be reach			
with help if the undersigned cannot be reach	neu.		
T			
Restrictions:			
Date:			
	signature of father or legal guardian		
Date:			
	signature of mother or legal guardian		
Address	City/Zip		
DRIIG ALL ERGIES			
DRUG ALLERGIES			
FOOD ALLERGIES			
Pertinent medical information			
Last TETNUS booster			
Emergency Phone #s Mother			
Father			
T delici			
Financial			
responsibility			
responsionity			
Insurance Company	Policy #		
Childoe physician	phone #		
Cinida piry sician	phote #		
Address			

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 that this form is supplied by the Department of Institutions, Social and Rehabilita of the child care facility and myself, and that supplying this form in no way imporbligation upon that department.	driverøs license. I understand tive Service for the convenience
signature of parent or guardian	date
LAKE COUNTRY CHRISTIAN SCHOO Permission to Participate in School Activi	
I hereby grant permission for to use participate in all of the activities of Lake Country Christian School.	all of the play equipment and
I hereby grant permission for my child to be included in evaluations and pictures Christian School.	connected with Lake Country
I hereby grant permission for my child to leave the school premises under the sup neighborhood walks, bike rides, or field trips in an authorized vehicle. Notice wi children are taken from the premises.	
signature of parent or guardian	date

Superior Education from a Christian Perspective 2020-21

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918-245-6602 fax: 918-245-6603 lccs74063@earthlink.net



PARENTSØCONTRACT

Student	Class
Please check the following statements, if true, and sign below	<i>7</i> :
I have received and read the Lake Country Christian So	chool Handbook.
I understand the policies and/or procedures of Lake Co	untry Christian School.
I have completed and signed ALL Enrollment Forms a	nd Releases.
I agree that tuition is due on the first of each month.	
Someone with authority will be available during school call.	l hours to answer an emergency phone
Do you need to make any other tuition arrangements?	
I understand and agree that if my tuition is not received payment arrangements have been made, that my child country Christian School.	
I understand and agree to all the requirements for attenual understand that not adhering to these policies will result in terms.	•
Fatherøs signature or legal guardian	date
Mother signature or legal guardian	date