



Superior Education from a Christian Perspective

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Welcome to Kaleidoscope! We are going to have a great summer! Please read the following carefully:

- **If your child was enrolled in LCCS during the previous school year, we can use his/her long Enrollment Forms. You can ignore the attached forms.**
- *If you are new to LCCS, you must bring the attached (3 pages) Enrollment Forms completely filled out the first day your child comes to Kaleidoscope.*
- You have a file by the check-in computer in which all communications will be put. Please check this file every morning and every afternoon.
- **You will need a key fob to get in the door. They cost us \$10, so we appreciate you paying for it or them. This security system is for your child's safety! See Mrs. Herje or Mrs. Glenna.**

KALEIDOSCOPE

- **Please pay by the week. Your child will be clocked out at noon each Friday, and you will have a bill in your File each Friday afternoon. But you will be able to calculate it—\$30/day. Please pay on the last day of the week your child comes.**
 - *Your child must bring his/her lunch. Please refer to the Handbook for suggestions. Please put a cold pack in your child's lunch. We do not have refrigerator space for all lunches. Bring the lunch when you bring your child. You **cannot** bring a restaurant lunch in for your child to eat here. (like get a Happy Meal and bring to your child)*
 - Your child's current immunizations must be on file here. Your doctor can email them to lakecountrychristianschool@cox.net
 - **You will have a calendar in your file and in your email. Refer to it often!**
- PRESCHOOL SUPPLY LIST**
- swim suit to leave here
 - NO towel
 - spray sun screen (no Coppertone Water Babies)
 - sun screen face stick
 - a back pack with a change of clothes labeled with name
 - lunch every day with a cold pack
 - a sand box toy

**YOUR CHILD'S
ENROLLMENT
PACKET MUST BE
TURNED IN BY YOUR
FIRST DAY.**

LCCS PRESCHOOL LUNCH POLICIES

Your child needs to bring a lunch **each day**.

1. Please bring it when your child comes.
2. Please send everything your child needs to eat the lunch you send. SPOON, napkin, drink, etc.
3. Please do not send powder additives for a water bottle. It is too messy.
4. Please **DO NOT** send the following:
 - a. hot dog, hamburger, pizza, taco, or chicken nugget Lunchables
 - b. unpeeled oranges or unpeeled hard boiled eggs
 - c. Vienna sausages in the can (take them out of the can and put in a baggy)
 - d. Go-Gurts
 - e. candy, pop, gum
 - f. UNCOOKED Ramen noodles, macaroni and cheese, or pasta. Please cook them at home and send them to be heated in the microwave.
5. Please put a cold pack in your child's lunch, if necessary. We do not have enough refrigerator space for all the lunch pails
6. Please put your child's name on the lunch pail and book bag.



KALEIDOSCOPE ENROLLMENT

FOR OFFICE USE ONLY
Medications/Allergies

Circle the days your child will be attending:

Preschool

Primary

M T W TH F

M T W TH F

(Please print legibly)

• Child's FULL name _____ d.o.b. _____

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 address phone driver's license #

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