



Enrollment Packet

2019-2020

For Office Use Only Primary

(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 #

Where 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

Siblings NOT living with child:

Other schools your child has attended: _____

Discipline used at home: _____

Discipline used away from home: _____

Your expectations for your child at Lake Country Christian 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 in confidence that affects your child's learning or socialization, or any 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
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

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

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 _____

PARENTS CONTRACT

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.

Do you need to make 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.

Father's signature or legal guardian

date

Mother's signature or legal guardian

date



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