



## Superior Education from a Christian Perspective

4101 S. Maple Dr.  
Sand Springs, OK 74063

918.245.6602  
[lakecountrychristianschool@cox.net](mailto:lakecountrychristianschool@cox.net)  
[www.lakecounrychristianschool.com](http://www.lakecounrychristianschool.com)

---

Welcome to Lake Country Christian Primary ~~and K-4~~

We are looking forward to a terrific school year, and we are excited about YOU coming!

Please send your \$150 for school supplies (we will buy all your supplies, getting exactly what is needed) and your \$150 book fee (if you have not already paid it), along with the attached Enrollment Packet filled out and signed to school at "Meet the teacher." Legally, we must have new forms submitted and signed each school year.

You will need to purchase for school:

- Book bag (no rolling bags)
- Lunch pail
- Water bottle (that does not leak)
- Ear phones or ear buds for the computers and iPads

❖ Kindergarteners and K-4, please come to school on Saturday, August 22, from 11:00-11:45 (with no siblings) for a mini-morning of school with mom and dad for "Meet the Teachers." It will be fun! All you need to bring is your book bag.

Primary, (Grades 1-3), please come to school on Saturday, August 22, at 10:00 am.

- ❖ We will see everyone on August 26 at 8:20.
- ❖ Be sure and check your Red File for information every day! Get ready for a great time!
- ❖ READ YOUR HANDBOOK, please!
- ❖ If you do not have a Handbook, pick one up in the shelves opposite the check-in computer.
- ❖ You will need a swim suit for the first week of school. We have plenty of floaties and towels.
- ❖ School begins at 8:20 every day.



# Enrollment Packet

---

---

---

---

---

(Please print legibly)

Student'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 student \_\_\_\_\_ 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 regularly? \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Student's Health

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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.

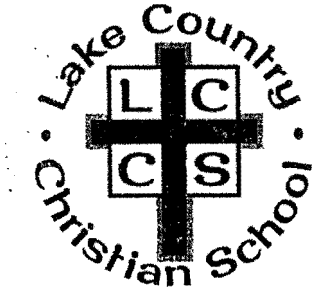
I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks, bike rides, or field trips in an authorized vehicle. Notice will be placed in the office if children are taken from the premises.

\_\_\_\_\_

signature of parent or guardian

\_\_\_\_\_

date



Superior Education from a Christian Perspective

# PARENTS' AND STUDENT'S CONTRACT

Student \_\_\_\_\_ Grade \_\_\_\_\_

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

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

\_\_\_\_\_ I understand and agree to follow the policies and/or procedures stated in the LCCSS Handbook.

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

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

\_\_\_\_\_ I agree to volunteer 5 hours of service, per family, to Lake Country Christian School.

\_\_\_\_\_ 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

\_\_\_\_\_

\_\_\_\_\_