



## Superior Education from a Christian Perspective

4101 S. Maple  
Sand Springs, OK 74063

918.245.6602  
lakecountrychristianschool@cox.net  
www.lakecountrychristianschool.com

Summer, 2019

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 2018-19 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.**
- Please read the LCCS Handbook from cover to cover! This is important to understand LCCS' policies, especially about lunch, arrival and departure.

# ***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

### **PRIMARY SUPPLY LIST**

- swim suit to leave here
- flip flops to wear to the pool
- 2 cans of spray sun screen (no Coppertone Water Babies)
- One face sunscreen stick.
- goggles (if desired; we do not provide goggles) Children CANNOT trade or share goggles.
- \*\*\*\*\*a water bottle that does not leak if turned upside down that stays in your locker for everyday use
- a lunch every day with a cold pack
- a back pack every day
- Tuesday KK—library card
  
- *All Primary KK (Kaleidoscope Kids) who come on Tuesdays MUST have a library card to leave here for the summer. We will participate in the Library's summer reading program on Tuesdays.*

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



# LAKE COUNTRY CHRISTIAN SCHOOL

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TO: Primary Kaleidoscope Parents  
FROM: DAH  
RE: Things to remember

The following things are very important=please read carefully!

1. When we have a scheduled trip, please fill out the small form that is on the hall table under the picture of Jesus with your child's name, the event, date, and \$. Put it in one of the provided baggies, and give it to a teacher. Please do not hand a teacher cash and leave. We forget who it is for!!
2. Your child MUST have a water bottle and a cheapie pair of flip flops. It is hard to put on tennis shoes when your feet are wet after swimming.
3. If your child wants to swim with goggles, you MUST send them. Goggles are not provided, and your child CANNOT wear someone else's goggles.
4. You must clock in and out, except on Friday afternoons. Your child will be checked out at 12:00 so the computer can run the billing, which will be put in your file. Please pay by the week.
5. You can put a check for tuition in the mailbox by the office door.
6. Please read the attached page for lunch policies.
7. We will have fire and tornado drills. We go to the Secondary school building for a fire, and we go to the bathrooms in the old building for tornado drills.
8. It is required that your child have a water bottle and a pair of flip flops to leave in his/her locker.
9. Please do not send a towel- we have plenty here. The swim suit needs to stay here.
10. Your child needs to bring a book bag every day—we do have things to take home like art projects.
11. It is required that your child have a water bottle and a pair of flip flops to wear to the pool to leave in his/her locker.
12. It is required that your child bring a water bottle and a pair of flip flops for the pool to leave in his/her locker. Do not take these home.
13. (Are you getting the idea about the water bottle and flip flops???)
14. See Mrs. Glenna about signing up for the texting program with us. This is required of you!!
15. Your child cannot get in the bus, go swimming, or stay at Kaleidoscope unless you send the Enrollment packet completed filled out and signed.
16. If you do not want your child to go on a scheduled field trip, please do not send him/her to LCCS that day. He/She cannot stay here by himself.
17. Friday KK- we will take 4 tennis lessons at LaFortune Tennis Center with Melissa McCorkle for \$25. Usually, lessons are about \$25 for 30 minutes, so this is a REAL bargain. We will leave school at 8:15 on Fridays. SHARP! Tennis shoes are required. This is really fun. Checks need to be made out to M&M Tennis. Please do not come to LCCS after 8:15 on tennis lesson days because all the teachers go to the lessons.
18. The times that are on the calendar are the times we will leave LCCS to go on the field trip. This is different this year. Please make a note of this.
19. Please sign up for the Kaleidoscope group texting.

If I can do it, I can learn it!

## LCCS LUNCH POLICIES

Your child needs to bring a lunch each day.

1. Please bring it when your child comes. It is very awkward for us to be going somewhere and your child not have a lunch.
2. Please send everything your child needs to eat the lunch you send. SPOON, napkin, drink, etc.
3. Please do not send powdered additives for a water bottle. It is too messy.,
4. We do have a microwave, but we go to parks to eat and play, and I cannot take a microwave on the bus!
5. 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.
  - g. Any food that takes longer than one minute to heat in the microwave.
6. It is a problem if a student has a lunch that needs 3 to 7 minutes to prepare.
7. Please put a cold pack in your child's lunch, if necessary. We do not have enough refrigerator space for all the lunch pails
8. Please put your child's name on the lunch pail and book bag.
9. If your child brings a lunch that needs to be microwaved, he/she must be able to use the microwave by himself. You can come to school and practice using the microwave with your child, but the teachers are not responsible for preparing the student's lunches.
10. If your child brings a lunch that needs to be microwaved, please send a container (paper plate, etc.) in which to microwave it.



# KALEIDOSCOPE ENROLLMENT

FOR OFFICE USE ONLY  
Medications/Allergies

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2019

(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 #

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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