



# Life Church School

*"Train up a child in the way he should go and when he is old he will not depart from it." -Proverbs 22:6*

## 2017-2018 Enrollment Form

Office Use Only	
Enrollment Recv'd	_____
Immunization Record	_____
Parental Agreement	_____
Transcripts Recv'd	_____

### STUDENT INFORMATION:

Grade Level Entering \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child wishes to be called \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who will pick child up after school? \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Father's Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Employer \_\_\_\_\_

Email Address \_\_\_\_\_

If separated or divorced, with whom is child living? \_\_\_\_\_

Is the non-custodial parent to receive correspondence? Yes \_\_\_\_ No \_\_\_\_

Who is financially responsible for the applicant's education? \_\_\_\_\_

### EMERGENCY CONTACT:

Person other than parent to contact in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

# Parental Agreement

Student's Name \_\_\_\_\_

**GENERAL AGREEMENT:** I have read through the provided material and agree to cooperate with and support the basic goals, philosophy, and discipline of Life Church School. I understand that I am placing my child in the care of Life Church School and am asking them to participate in the training process of my child. As such, I will support their decisions in working with my child. I realize that attending Life Church School is a privilege. Thus, I commit to pray for the staff and school; I will work to lay a spiritual foundation in my child by being a godly example in the home; I will follow through with all required assignments; I will sign necessary permission slips and attend parent functions; I will support the disciplinary process of the school.

**DISCIPLINE:** The administration and faculty have discretion and support in appropriate classroom discipline of my child. I understand that Life Church School will not administer corporal punishment.

**TUITION:** I agree to pay stated tuition for as long as my child is enrolled at LCS. In the event that an account becomes delinquent, I agree to speak with church/school leaders. I understand that report cards may not be issued until the account is made current. I also acknowledge that transcripts (permanent records) will not be released until accounts are paid in full.

**WITHDRAWAL NOTICE:** Should I choose to withdraw my child from LCS, I will make an appointment with a school official and sign the formal withdrawal form.

**TRANSPORTATION:** I hereby give permission for LCS to transport my child under adequate supervision.

**PHOTO RELEASE:** I give permission for my child's photo to be used for school purposes and publicity. Yes \_\_\_\_\_ No \_\_\_\_\_

**ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION:** I acknowledge that there are certain risks of injury associated with my child's attendance at Life Church School (referred to herein as LCS) and participation in LCS events and activities. On my own behalf, and on behalf of my child - as the parent and/or guardian for my child - I hereby assume any and all risks of injury associated with my child's attendance at LCS and participation in LCS events and activities, including but not limited to extracurricular events and activities on or off school and church property. I release LCS and its agents and employees from any and all liability for damages, costs or expenses arising out of my child's attendance at any such events or activities. [Notwithstanding the foregoing, LCS employees or agents (but not LCS) may be responsible for their intentional actions (excluding corporal punishment). This exception does not create liability for any omissions by LCS agents or employees or for any negligent or reckless conduct.]

I agree (if more than one parent signs, then we jointly and severally agree) that I will hold harmless LCS and its agents and employees from any loss, damage or expense, including attorney's fees, which LCS or its agents or employees may incur by reason of acts or omissions done by me or my child in connection with my child's involvement in the LCS program.

\_\_\_\_\_ Initial      \_\_\_\_\_ Initial

**MEDICAL RELEASE:** In case of accident or illness requiring immediate medical attention, I, the undersigned, authorize the school to call a physician, preferably the one listed below or another if that one cannot be quickly reached. If necessary, agents of the school may take my child to the hospital emergency room listed below or call for an ambulance to transport him or her there. I understand that this agreement covers only those situations which, in the best judgment of the school staff, are true emergencies. In other cases, I shall be notified of illness or accident at once so that medical care can be arranged. Intending to be legally bound, I agree to pay all expenses incurred.

\_\_\_\_\_ Initial      \_\_\_\_\_ Initial

Physician preferred \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**I have read and fully understand and agree with all policies listed above.  
I have read and fully understand and agree with all policies listed in the Parent/Student Handbook.**

**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# Health/Emergency Form

**HEALTH INFORMATION:** The staff of LCS desires to provide a safe environment for your child, including the best course of action when illness or emergency situations occur. The following information is necessary to enable the staff to take appropriate actions. Please provide the school with a copy of your child's up-to-date immunizations.

Does your child have any health problems? Be specific.

Does your child require regular medication? What is the medication? What is its purpose?

NOTE: If your child becomes ill during the school year and is given medication (i.e. antibiotic), please ensure documentation is given to the school. Also, please recall that all medications must be given by a teacher.

List any known allergies your child has.

List any special restrictions a doctor has ordered for your child.

**PERMISSION TO GIVE MEDICINES:**

Does the staff of Life Church School have permission to administer the following medicines to your child?

Tylenol or Generic Equivalent     Yes     No    Appropriate Dose \_\_\_\_\_

Motrin or Ibuprofen                     Yes     No    Appropriate Dose \_\_\_\_\_

**The information given on this form is true and accurate to the best of my knowledge.**

**Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

# Tuition Commitment Form

Finance Office Use Only

Date Recv'd \_\_\_\_\_

Entered \_\_\_\_\_

Student's Name \_\_\_\_\_

**BASIC TUITION:** The cost of tuition is **\$3,060.00** per year, per student. This cost does not include incidental expenses that may arise.

I will pay my child's tuition:

\_\_\_\_\_ In full by the first day of school.

\_\_\_\_\_ In 10-month installments with the first payment due by June 10<sup>th</sup>  
(Monthly payments are due by the 10<sup>th</sup> of each month)

Parents of juniors/seniors seeking dual enrollment courses need to schedule an appointment with administration.

**SCHOLARSHIP:**

\_\_\_\_\_ I would like to request scholarship funds. (Funds Are Limited)

**FINE ARTS FEES:** There is a charge of **\$180.00 per semester** for a total of \$360.00 per year. This fee is not based on the number of lessons given or attended. No adjustment will be made for missed or cancelled sessions. If your child drops a class, the fees will still be charged through the end of that semester. Additionally, if a student chooses to rent an instrument from Life Church School, a **\$35.00** rental fee *per semester* will be assessed.

*I would like to enroll my child in the following classes:* \_\_\_\_\_ *Band*      \_\_\_\_\_ *Orchestra*

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Volunteer Questionnaire

We are committed to working with families to positively impact student performance. While parents are always welcome to visit the school, we would also encourage you to consider serving as a parent volunteer. Our everyday operations are dependent upon the active involvement of every family; we believe your participation will enrich your child's learning experience and further develop a sense of connectedness to the broader church family. Please review the volunteer opportunities suggested below and check any you are interested in -- or tell us what you would like to do.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## **I am interested in learning more about or volunteering in the classroom in the following areas:**

### **(check all that apply)**

- Lunch Monitor (11:50-12:20, M-F) - Day(s): \_\_\_\_\_
- Recess Monitor (12:20-1:15, M-F) - Day(s): \_\_\_\_\_
- Tutoring Students
- Reading with Students
- Preparation of Materials
- Attending Field Trips
- Assisting with Special Events (performances, celebrations, science fairs, etc.)
- Appearing as a guest speaker in the area of \_\_\_\_\_
- Other \_\_\_\_\_

## **I am interested in learning more about or volunteering in the school in the following areas:**

### **(check all that apply)**

- Janitorial Services
- Speaking at Chapel
- Photographing School Activities
- Providing Transportation for Special Events
- Administrative Services (typing, clerical work, copying handouts, making phone calls, etc.)
- Preparing Bulletin Boards, Posters & Displays
- Other \_\_\_\_\_