

Date _____

Student's Last Name		First		Middle	Nickname
Birthdate		Social Security Number		Preferred Contact Phone Number	
Preferred Email Address		Gender	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic Other _____		
Grade Enrolling In: <input type="checkbox"/> PS-3yr. (T,Th am) <input type="checkbox"/> PS-4yr. (MWF am) <input type="checkbox"/> PS-4yr. (MWF pm) <input type="checkbox"/> K-3day <input type="checkbox"/> PS-4yr. (T,Th pm) <input type="checkbox"/> K-5day Other _____ grade					
Student Address			City	State	Zip
Previous School	Has this student received any special education services such as speech, learning disabilities, physical therapy, occupational therapy, etc. from a public source and, if available, would you want to continue these public services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Christian References: (One should be a present school family, if possible) 1. 2.		
Father's Last Name		First		MI	Father's Address if different
Father's Email		Marital Status	Church	Do you attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you personally received Jesus Christ as your Savior and Lord? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Cell Phone		Occupation Company		Work Phone
Mother's Last Name		First		MI	Mother's Address if different
Mother's Email		Marital Status	Church	Do you attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you personally received Jesus Christ as your Savior and Lord? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Cell Phone		Occupation Company		Work Phone
Emergency Contact Name			Relationship to Student		Preferred Contact Phone Number
If parents and authorized physician named above cannot be reached at the time of an emergency, and if immediate treatment is urgent in the judgement of those in charge, do you authorize and direct the school authorities to send the child, properly accompanied to the hospital or doctor available? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____					My child may be given Advil/Tylenol upon his/her request at the nurse's discretion <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Doctor		Phone Number		Family Dentist	
Current Medications		Current Medical Conditions			Allergies
We plan to enroll at LCS for: <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> High School				Comments:	

Statements of Commitment:

- I/We hereby invest authority in the school to discipline our child in Christian love whenever necessary.
- I/We agree that if there are concerns about the school and/or aspects of our child's education, we will express these concerns only to the school member directly involved or the school principal.
- I/We agree to remember the school regularly in prayer and support, realizing that tuition does not cover the cost of educating our child(ren). We will make every effort to make up the difference.
Regular contribution____ Cultivate new donors____ \$CRIP____ Please call me (see Getting Involved sheet)____
- I/We understand that assessments will be made to cover damages to school property, including breakage of windows and abuse of other property.
- I/We agree to pay tuition, book fees, and other charges on or before the date due.
- I/We give permission for our child to participate in field trips which may be planned during the year.
- I/We give permission to use my child's photo or art work in LCS promotional pieces – ads, posters, signs, etc.
- I/We agree to abide by the Financial Policy Statements.
- I/We have chosen the following option for payment of our tuition. **PLEASE CHECK ONE.**

- Option 1 - Annual Payment
- Option 2 - Semester Payments
- Option 3 - Monthly Payments
- Option 4 - Credit Card Payments
- I/We intend to apply for the Family Education Grant

- I/We have read and understand the Student Handbook.
- I/We have reviewed and provided accurate student/family information.

Are you familiar with Lincoln Christian's Statement of Faith and are you willing to have your children trained in accordance with it?

• • • **By signing I/We give agreement to the preceding statements and policies** • • •

Father's Signature _____ Date _____

Mother's Signature _____ Date _____



2012-'13 Preschool

Registration Supplement Form

Child's Name: _____

Name child will learn to spell (if different)? _____

Home Life

Others who live in the home	Grade/Age	LCS Student?
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Health / Medical

Health Status of the child:

- 1. Takes medicine/supplements regularly? Y / N _____
- 2. General health concerns? Y / N _____
- 3. Had more than one ear infection per year? Y / N _____
- 4. Has had a hearing problem? Y / N _____
- 5. Has had a vision problem? Y / N _____
- 6. Has been hospitalized or had surgery? Y / N _____
- 7. Activity child should NOT engage in? Y / N _____

Health History:

- 1. Significant health concerns during pregnancy? Y / N _____
- 2. Pregnancy less than nine months? Y / N _____
- 3. Medical issues at birth? Y / N _____
- 4. At what age did your child walk alone? _____
- 5. At what age did your child say words with meaning? _____
- 6. Family health issues? _____

Check conditions your child has experienced and the date:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sleeping issue _____ | <input type="checkbox"/> Hives _____ | <input type="checkbox"/> Kidney/bedwetting _____ |
| <input type="checkbox"/> Eating issue _____ | <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Heart problems _____ |
| <input type="checkbox"/> Coordination issue _____ | <input type="checkbox"/> Hay Fever _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Tires easily _____ | <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Rheumatic fever _____ |
| <input type="checkbox"/> Recurrent headaches _____ | <input type="checkbox"/> Nosebleeds _____ | <input type="checkbox"/> Pneumonia _____ |
| <input type="checkbox"/> Weight issue _____ | <input type="checkbox"/> Blow to the head _____ | <input type="checkbox"/> Convulsions / seizures _____ |
| <input type="checkbox"/> Eczema _____ | <input type="checkbox"/> Broken bones _____ | |
| <input type="checkbox"/> Behavior/emotional _____ | <input type="checkbox"/> Loss of consciousness _____ | |

Office Use	<input type="checkbox"/> PD	<input type="checkbox"/> INT	<input type="checkbox"/> ACC	<input type="checkbox"/> RW	<input type="checkbox"/> 2BO	<input type="checkbox"/> OH
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Child's Name: _____

Immunization Disclosure: Check immunization submission choice.

Request pediatrician fax complete history to LCS @ 488-8903 right away.

Attach a copy of complete immunization history to this form.

Emergency Directive:

Child's Doctor: _____ Phone #: _____

Address: _____

Hospital Preference: _____ Phone #: _____

Permissions

I give consent for my child to be photographed in relation to LCS Preschool activities and for the pictures to be displayed in public places in relation to LCS publicity. Yes / No

I give consent for my child to be periodically transported in a car/van or bus under the supervision and protection of LCS Preschool for planned educational outings. Yes / No

More Information

Concerns regarding preschool adjustment?
Y / N _____

How did you hear about LCS Preschool?____

Has attended preschool / daycare / Early Ed.
Special Education / HeadStart? Y / N
Where and when? _____

General Comments: _____

Other Persons to Whom My Child May Be Released

Name: _____ Relation: _____

Name: _____ Relation: _____

Other Persons to Contact in case of Emergency

Name: _____ Relation to Child: _____ Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____
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Name: _____ Relation to Child: _____ Phone #: _____ Address: _____ City: _____ State: _____ Zip: _____
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Parent / Guardian: _____ Date: _____

Financial

- MWF Sessions - \$125 monthly
- TTH Sessions - \$105 monthly

Enrollment Procedure

1. Fully complete Registration Form & this Supplement.
2. Attach immunization information OR request your pediatrician fax to LCS immediately @ 488-8903.
3. Return Registration Form & this Supplement with the non-refundable \$100 Registration Fee to:

LCS Preschool
5801 S. 84th Street
Lincoln, NE 68516

4. Schedule an interview and tour.
5. Make financial arrangements with Susie Orduna 488-8888x213.

Questions? Contact Melody Kugel, Director.
488-8888x252 or Melody.Kugel@lincolnchristian.org
www.lincolnchristian.org/preschool
5801 S. 84th St. Lincoln, NE 68516