



LEESBURG CHRISTIAN SCHOOL

A Ministry of Believers Baptist Church

Our Mission: *LCS exists to biblically disciple, academically prepare, and socially develop the next generation of Christ-like, servant-leaders for the glory of God.*

ANNUAL RE-ENROLLMENT FORM 2017-2018 PreSchool and Kindergarten

Student's Name _____ Home Phone _____

Grade Entering _____ Date of Birth _____ SS# _____

If 2.5, 3 or 4 years of age, please check:

Full-time _____ 8:15-3:15 pm 3 Full Days _____ 8:15-3:15 pm 2 Full Days _____ 8:15-3:15 pm
5 Half Days _____ 8:15-12:00 pm 3 Half Days _____ 8:15-12:00 pm 2 Half Days _____ 8:15-12:00 pm

If Senior Kindergarten, please check: _____ (must be 5 by September 30)

Address _____ City _____ State _____ Zip _____

Present Church Home _____ Pastor's Name _____

Mother's E-mail _____ Father's E-mail _____

Mother's Name _____ Cell Phone _____ Work _____

Father's Name _____ Cell Phone _____ Work _____

Third Person in case of Emergency _____ Phone _____

Person(s) NOT AUTHORIZED to pick up child _____

Person(s) AUTHORIZED to pick up child: _____

Before Care needed: _____ After Care needed: _____ until 4:30: _____ until 6:00: _____

If using Direct Deposit, I authorize LCS to use same bank account: _____ Yes _____ No.

PHOTO RELEASE: I Do _____ Do Not _____ give permission for my child's photo to be used for promotional pieces such as brochures, website, or newspaper ads, for the purpose of promotion of LCS.

I Do _____ Do Not _____ give permission for my child's photo to be posted on a password protected site, such as Snapfish, for the purpose of sharing pictures with parents and LCS.

By signing below, I agree to the following: 1) I promise to read the LCS handbook on the LCS web site (www.lcsva.com) and agree to have my child abide by these policies. (Those who do not have access to internet must let the office know so the handbook can be mailed to them.) 2) I agree to continue to have my child educated according to the Biblical philosophy of education as stated in the LCS handbook. 3) I agree to pay all required tuition in a timely manner for each year in attendance at LCS. 4) I agree to allow my child to be tested to determine any academic strengths or weaknesses.

Signature of parent or guardian _____

Print Name _____

Date _____

Application fee of \$200 MUST accompany this form or application will not be processed or space reserved. New students who are siblings MUST pay the charges listed on the 2017-2018 LCS tuition sheet. After March 1, registration for PRESENT students will increase to \$300.



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AUTHORIZATION TO GIVE MEDICATION

(This form is for Preschool and Kindergarten students only.)

By state law, we are unable to administer medications to children under 5 years of age.)

Student's Name: _____ Date: _____

MAY LCS ADMINISTER ROUTINE MEDICAL TREATMENTS SUCH AS BANDAGES AND ICE (No medications other than EPI-PENS will be administered to children enrolled in preschool.)

_____ YES _____ NO (The office will **attempt to contact Parent/Guardian before administering.**)

LEESBURG CHRISTIAN SCHOOL AGREES TO NOTIFY THE PARENT/GUARDIAN WHEN HIS/HER CHILD BECOMES ILL, AND THE PARENT/GUARDIAN AGREES TO PICK UP THE CHILD AS SOON THEREAFTER AS POSSIBLE.

The parent(s)/guardian authorizes **Leesburg Christian School** to obtain immediate medical care and/or hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if any emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

This authorization is effective indefinitely. Signature of Parent/Guardian _____

MEDICAL INFORMATION

Child's Allergies (if any) _____

Child's Doctor _____ Telephone Number _____

Family Doctor _____ Telephone Number _____

Medicine Child is taking: _____ Date of last Tetanus shot: _____

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.) _____

INSURANCE INFORMATION

(LCS is not responsible if student has no coverage from personal insurance)

Insurance Company _____ Id No./Policy No. _____ Group# _____

Insurance Company Address _____

Subscriber's Name _____ Subscriber's Place of Employment _____

Subscriber's Telephone Number _____

If your child needs to be sent home from school due to a local emergency (snow, tornado, etc.), and you should not be home, to whom may he/she be sent? (If more than one, please state):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

If you do not have access to internet or media during one of these emergencies, please note:

Where we can reach you _____ or guardian _____

I AUTHORIZE LCS TO ALLOW MY CHILD(REN) TO PARTICIPATE IN ALL FIELD TRIPS AND SCHOOL EVENTS.

Parent Signature _____ Date: _____



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PAYMENT OPTIONS

(This form must accompany application)

Name: _____ Date: _____

Email address for monthly billing statement: _____

_____ I prefer to pay monthly (due 1st of month, **\$300** yearly fee without Direct Deposit)

_____ I prefer to pay in full (due August 1; **\$150** discount)

_____ I prefer to pay by the semester (due August 1 and January 1)

_____ I prefer to pay in four quarterly installments (August 1, November 1, January 1, March 1)

_____ I prefer to pay on my Visa or MasterCard (call Kim Beall at 703.777.4220 for instructions—2% fee)

VOLUNTEER OPTIONS

Please check areas below where you can help:

_____ Enclosed is my \$200 donation for the school year.

_____ I prefer to volunteer 10 hours throughout the year.

(There will be a \$20 per hour assessment at year's end for any incomplete volunteer hours)

_____ Lawn work _____ Painting _____ Vacuuming _____ Dust/Wipe _____ Shoveling snow/Mulch

_____ Substitute _____ Lunch aide _____ Phone calls _____ Room mother/father _____ Other _____

BEFORE AND AFTER CARE REGISTRATION

I am registering for **BeforeCare**: 7:30-8:05 am (PreK-6th): _____ 7:30-7:50 am (7th-12th): _____ Drop In: _____

Name of child(ren): _____ Gr. _____ Gr. _____
_____ Gr. _____ Gr. _____

I am registering for **AfterCare**: Up to 4:30 pm: _____ Up to 6:00 pm: _____ Drop In: _____

Name of child(ren): _____ Gr. _____ Gr. _____
_____ Gr. _____ Gr. _____

AfterCare Registration Fee of \$100 due upon registration.

Children must be picked up by 6:00 pm. Parents will be charged \$1 for every minute after 6:00 pm.