



May 27, 2021

Dear Parents,

Thank you for your interest in the *Lancaster Christian Academy*. Beginning in the Fall of 2021, LCA will offer a half day kindergarten. Although we will not offer daycare, there are several daycares in Lancaster that will drop off and pick up for our school.

Please know that we are deeply committed to providing your child with the best education possible, and that includes challenging each child to reach their full potential. With this idea in mind, we have chosen the Abeka curriculum for use with our 5K students. Abeka is a proven program with great success in teaching reading to children through the use of phonics.

Please know that we are already praying for the children that God will bring us in the Fall, as well as their parents as you consider all of your educational options for your precious child. Please feel free to call with any questions you may have. We look forward to seeing you this Fall!

To reserve your spot (only 60 are available), complete the application and return it to Second Baptist Church, Lancaster with a registration fee of \$100. This will hold your spot for the Fall!

Prayerfully Yours,

Dr. Brian G Saxon
Executive Pastor
Second Baptist Church

Liz James
Church Administrator
Second Baptist Church

Lancaster Christian Academy
Registration Form
2021-2022 School Year
Phone: 803-283-2015 Fax: 803-283-2016

Child's Full Legal Name: _____ (circle one) Male or Female

Preferred name: _____ DOB: _____

Parent(s) Name: _____ Home Phone: (____) _____

Home Address: _____ City/Zip: _____

A NON-REFUNDABLE REGISTRATION FEE OF \$100.00 MUST ACCOMPANY THIS FORM.

**Current immunizations will be turned in prior to day 1 of your child starting. Religious exemptions are not accepted.*

Must be five as of September 1.

Application Status:

- ____ Member of Second Baptist
____ Member of Segunda Iglesia Bautista
____ Previously attended Second Baptist Wee program

List of previous programs: _____

How did you learn of our program? _____

Does your family attend church? Y/N (circle one) If yes, which church? _____

Place a check mark in the box to indicate how you will pay as well as which half day option you prefer. We will make every effort to accommodate.

Payment Options:

Monthly \$389			Prefer morning	
Semester \$1750			Prefer afternoon	
Yearly \$3500				

Family Information:

Mother's Name: _____

Home phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Employed by: _____ Occupation: _____

Home Address: _____ City/zip _____

Email address: _____

Father's Name: _____

Home phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Employed by: _____ Occupation: _____

Home Address: _____ City/zip _____

(if different from one listed above)

Email address _____

Are parents married? **Y N (circle one)** If not, are there step-parents? **Y N (circle one)**

Are there any custody issues? **Y N (circle one)** If yes, LCA must have copies of legal documents on file if there are any special circumstances of which we need to be aware.

Permission to send text correspondence

I/We give permission to send messages through text of school closings, reminders, and LCA happenings.

Signature of parent required for permission

Phone Provider

Student Directory

I/We, _____, give my/our permission to publish name,

Signature of parent required for permission

address, home phone number and email address in a Student Directory, or to give information to other parents when they ask for contact information.

Photo/Video Permission & Release

I/We, _____ hereby authorize Lancaster Christian Academy

Signature of parent required for permission

(LCA) and/or their agents to take photograph(s) and/or videos. I also understand that these photographs and/or videos will be used in print and/or on the Second Baptist &/or Lancaster Christian Academy website. I specifically understand that LCA shall hereby retain any and all rights in respect to the photograph(s) and/or video/film project(s) and/or website/internet project(s), including but not limited to, the rights to reproduce, copy/edit, exhibit, publish, or distribute such photograph(s) and/or video/film project(s) and/or website/internet project(s). I further understand that photographs and/or videos may be used in a publication, print-ad, direct mail piece, electronic media (e.g. CD ROM, Internet/www), or other form of promotion. I release LCA, LCA employees, LCA designees and the photographer/videographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

Emergency Information/Authorization for pick-up:

Family Code Word _____

The following listed individuals have permission to pick up my child or to be contacted in case of an emergency. I understand that I will need to fill out an "Individual Child Check out Form" each time someone other than a person on this list is to pick up my child and turn it in to the office. LCA Staff Members are authorized to request a photo ID from anyone with whom they are unfamiliar, even if listed on this form.

1. Name: _____ Relationship: _____

home phone: (____) _____ work phone: (____) _____ cell phone: (____) _____

2. Name: _____ Relationship: _____

home phone: (____) _____ work phone: (____) _____ cell phone: (____) _____

3. Name: _____ Relationship: _____

home phone: (____) _____ work phone: (____) _____ cell phone: (____) _____

I (We) have read and understand the Lancaster Christian Academy policy on authorization for pick-up of children. Parent(s) Signature: _____ Date: _____

The following person(s) may not pick up my child. Legal documentation must be on file in the LCA office.

Name: _____ Relationship _____

Health/Medical Information:

List any allergies, health concerns, special medical treatments. LCA does not administer daily medications.

Child's Doctor: _____ Phone _____

Child's Dentist: _____ Phone _____

Health Insurance Provider: _____
(This information is needed in the event your child has to be transported to the hospital)

Medical Treatment:

I/We, _____, give my/our permission to Lancaster Christian Academy Staff to take

Signature of parent required for permission

whatever emergency measures are judged necessary (for first aid or emergency evacuation) for the care and protection of my child while under the supervision of LCA. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. If the local emergency resource deems it necessary to transport my child, it will be to the closest hospital facility. A staff member from LCA will accompany my child and will stay at the hospital facility until the parent or emergency contact arrives. I authorize LCA staff to obtain emergency medical treatment for my child, if necessary. If LCA is unable to reach the parent, the list of contacts listed in the emergency information on the previous page will be called in the order in which they are listed. I understand that any medical expense incurred as a result of transporting or treatment will be my responsibility. I understand that accidents can occur while children play together, and I agree not to hold LCA or Second Baptist Church liable for any unforeseen accidents that may occur.

Parent(s) Signature _____ Date _____

Health History

The following information will go to your child's classroom teacher. Please be thorough with the information so that we can best know how to take care of your child.

Child's Name _____ Birth Date _____

Physical Health

Does your child have any food allergies? **Y/N**

If yes, please list the allergies and instruct us how to handle these allergies. (In severe cases, an allergy plan from your physician may be required)

Has your child had any health problems in the past? **Y/N** If yes, please explain.

Any current health issues or chronic illnesses that we should be aware of? (asthma, frequent earaches, eczema etc.)? _____

Does your child take any medication regularly? **Y/N** If yes, what? _____
(Please refer to the parent handbook for information about administering medicine at school.)

Has your child ever been hospitalized? **Y/N** If yes, please explain. _____

Does your child have a disability that has been diagnosed? (cerebral palsy, seizure disorder, developmental delay, speech delay, etc.)

Developmental Health

Do you have concerns about your child in any of the following areas: (circle any that apply)

Eyes (seeing)	Ears (hearing)	Teeth	Speech
Gross Motor (walking, running, moving)	Fine Motor (use of hands in drawing, puzzles, small toys)		

Please explain any concerns you have in more detail _____
