



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F Sa Su

Family Information: Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: Mother Father Both Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____
Phone Number: _____

Doctor: _____ Address: _____
Phone Number: _____

Dentist: _____ Address: _____
Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:



Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

Lakeview Christian School

EMERGENCY MEDICAL PROCEDURE INFORMATION

Please complete **(front and back)** the following important information for our files. This form will be carried on all field trips.

Student Name _____ Grade: _____ Age: _____

Address _____

Family Physician's Name _____

Address _____ Phone _____

First Emergency Contact (Parent Information): _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____ Work _____

Email address: _____

Second Emergency Contact (Other Than Parent): _____

Relationship to Student _____

Home Phone _____ Cell _____ Work _____ Pager _____

My child is allergic to the following substances:

My child has the following limitation or health consideration (include chronic health conditions /medical history):

Vision _____ Hearing _____ ADD/ADHD _____

Allergies _____ Other _____

Does your child take prescription medication regularly? Yes or No

If you answered yes, please list medication, frequency, and the condition requiring it.

(Continue on Back)

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

I understand that my child will be participating in a number of activities for the school year of 2024-2025 which carry with them a certain degree of risk including the playground and field trips. I consent for my child to participate in school activities.

I understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

I authorize the staff to give basic first aid when appropriate.

It is my understanding that Lakeview Christian School will attempt to notify me in case of a medical emergency involving my child. However, if I cannot be reached, I hereby authorize the school to transport my child or call 911 to have my child transported to the nearest medical care facility and to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary for the safety and protection of my child. I will pay for any medical expenses so incurred.

Medical Insurance Information (if available):

Name and DOB of Policy Holder: _____

Insurance _____ Policy/Group# _____

Company: _____

Print Parent Name: _____

Signature of Parent or Guardian: _____

Sworn to and subscribed before me this

_____ day of _____, 20____.

ID Type Number

Notary Public, State of Florida

County of _____

My commission Expires _____



ATTENDANCE POLICY

K-4 – Parents Volunteer to Prepare their child for kindergarten. This means having their child attend daily on time with the exception of illness or accidents. These rules apply to children in the Pre-K3 program also. This allows for 3 days a month! Three tardies will add up to 1 full day absences. Tardies cause interruptions within the learning. Environment that takes away from keeping students focused and learning.

NEW STATE LAW FOR EARLY LEARNING

The law states that schools and providers of children in early learning must contact parents/legal guardians after the first hour missed daily if communication of appointment or illness is not stated beforehand. If contact cannot be made, we are required to call contacts on emergency list until we receive confirmation of child's whereabouts

I _____ understand and agree to the LVCS

attendance policy for my child _____.

Parent/Guardian Name

Date



Preschool Disciplinary Practices and Expulsion/Suspension Policy

The disciplinary practices of the Preschool Classes at Lakeview Christian School are as follow:

1. Speak to the child concerning the disciplinary problem.
2. Direct the child to the "Time Out" area.
3. Refer the child to the School Administrator.
4. Contact the parents to come to school to deal with the child.
5. Teacher and parents/guardians meet with Administrator to discuss options.

Expulsion/Suspension Policy: In the event that the disciplinary practices listed above do not result in improved behavior, or if repeated infractions occur without cooperation from the parents/guardians, further actions may be taken up to and including suspension and/or expulsion. The student may be immediately expelled if behavior is perceived as threatening or causes a danger to staff or other students.

Parent Agreement: "I have read, understand, and agree to abide by the Disciplinary Practices and Expulsion/Suspension Policy outlined above."

Child's Name

Parent/Guardian Name

Date



POLICY FOR DROP-OFF and PICK-UP

Our goal at Lakeview Christian School is to always keep the safety of your children in mind. As our school enrollment is increasing, so is our traffic and congestion during pick up time. We are asking you to comply with the following guidelines in order to help us keep traffic flowing and prevent congestion in the grass and sidewalk area where the children are waiting for you.

Students in preschool classes must be walked to the classroom and signed in by an adult each morning and picked up from the classroom and signed out by an adult when they leave. The person signing in or out must be over the age of 18 and on the contact list in the school office. If the person picking up is not one who normally picks the child up, please tell the teacher and/or school office. They should also be prepared to provide an ID.

I _____ understand and agree to the Drop-Off and Pick-Up Policy for the Early Learning Program at LVCS

Child's Name

Parent/Guardian Name

Date



Toilet Training Policy

I, _____, understand and will comply to the toilet training policies at LCS.
Printed Parent/Guardian Name

This policy states students entering school starting in the K3 room and above must be fully toilet trained. Accidents are acknowledged, but consistent and daily toilet accidents will be considered not meeting the fully toilet trained policy.

Parent/Guardian Signature

Date

Food Experience Permission Form
Lakeview Christian Early Learning K-4 and K-3

I give permission for my child _____
to participate in food related activities in the _____ school
year.

Please check one of the following:

_____ My child **DOES NOT** have a food allergy or dietary
restriction.

_____ My child **DOES** have a food allergy or dietary restriction.
He or she **may participate**, but may not eat or handle the following items
(please list below)

_____ My child **DOES** have a food allergy or dietary restriction.
He or she **may not participate** in activities

Parent Signature

Date



Statement of Cooperation
School Year 2024-2025
(Only one per family needed)

Lakeview student's names:

Grades:

Statement of Cooperation

In making an application for my child to attend Lakeview Christian School, it is my desire to have him/her complete the school year 2024 - 2025. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. Should legal action for any reason be taken against Lakeview Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Lakeview Christian School or its agent should incur to defend itself against such action.

I have read the Lakeview Christian School Fee Schedule for the Year 2024 - 2025 and I agree to the terms and fees.

As a parent or guardian, I agree to follow the guidelines set forth in the civility policy which promotes mutual respect, civility, and orderly conduct between school staff, families, students, and the public. We all strive to be positive role models in the lives of our students. I also understand the importance of following all volunteer guidelines including Child Protection Policy training, Necessary background checks, and agree to follow the procedures set forth by the school and staff regarding field trip driving and supervision. I realize that I am acting on behalf of Lakeview Christian School when I am supervising children during a school event and will therefore act in such a manner that will show good judgment and Godly characters.

Lakeview Christian School admits students of any race, color, and national or ethnic origin.

Print Parent/Guardian Name

Parent/Guardian Signature

Date



PERMISSION FORM 2024-2025
(Only 1 required per family)

While your child is enrolled in Lakeview, he/she will be involved in a number of special activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything which is unclear to you. You, of course, have the option of withdrawing permission at any time by sending us a written note.

Child/ Children's Name/s: _____

(Please circle either do or do not in each sentence below.)

A. I DO DO NOT give permission for my child to participate in vision and hearing screenings.

B. I DO DO NOT give permission for my child to participate in school approved contests (for example: Caladium Festival poster contest, arts and crafts country fair, Law Day etc.).

C. I DO DO NOT give permission for my child's photograph and/or name to be used in newspaper articles, the school website, yearbook, and other publications for publicity and educational purposes or to announce contest winners.

As part of this program, your child's records may be used to evaluate the value of the school program. In all cases, the confidentiality of individual children's records will be maintained.

Parent's Signature _____ Date: _____

Print Name: _____