

# Preschool and Daycare Child Application

Lenoir City Christian Academy

Today's Date \_\_\_\_\_

Student Name \_\_\_\_\_  
Last Name First Name Middle Name Preferred Name

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Primary Phone Number \_\_\_\_\_

Gender  Female  Male

Church Affiliation \_\_\_\_\_

Race \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

Physician \_\_\_\_\_  
Name Address Phone Number

## Primary Household

Financially Responsible Party?  Yes  No

Parent/Guardian 1 \_\_\_\_\_

Relationship \_\_\_\_\_

Marital Status \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Address (if different) \_\_\_\_\_  
Street City State Zip Code

Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Where Employed \_\_\_\_\_  
Employer Address Work Phone # Approximate Work Hours

Parent/Guardian 2 \_\_\_\_\_

Relationship \_\_\_\_\_

Marital Status \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Where Employed \_\_\_\_\_  
Employer Address Work Phone # Approximate Work Hours

## Secondary Household

Financially Responsible Party?  Yes  No

Parent/Guardian 1 \_\_\_\_\_

Relationship \_\_\_\_\_

Marital Status \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Address (if different) \_\_\_\_\_  
Street City State Zip Code

Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Where Employed \_\_\_\_\_  
Employer Address Work Phone # Approximate Work Hours

Parent/Guardian 2 \_\_\_\_\_

Relationship \_\_\_\_\_

Marital Status \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Where Employed \_\_\_\_\_  
Employer Address Work Phone # Approximate Work Hours

## Transportation Plan (Other Authorized Pick-Up Persons):

1.	_____	_____	_____
	Name	Relationship	Phone Number
2.	_____	_____	_____
	Name	Relationship	Phone Number
3.	_____	_____	_____
	Name	Relationship	Phone Number
4.	_____	_____	_____
	Name	Relationship	Phone Number

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## Siblings

1.	_____	_____	_____
	Name	Date of Birth	School
2.	_____	_____	_____
	Name	Date of Birth	School
3.	_____	_____	_____
	Name	Date of Birth	School
4.	_____	_____	_____
	Name	Date of Birth	School

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## Additional Emergency Contact (Other than parents/guardians)

1.	_____	_____	_____
	Name	Relationship	Phone Number
2.	_____	_____	_____
	Name	Relationship	Phone Number

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## Previous Childcare / School

1.	_____	_____	_____
	Name of Institution	Contact Number	Contact Person
2.	_____	_____	_____
	Name of Institution	Contact Number	Contact Person

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## Family and Child Information

In the space below, please provide information about your child that would be helpful for the school and teacher.

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## Experiences with others:

How would you describe your child?      Active    Shy    Outgoing    Quiet    Friendly    Reserved

What are some ways your child plays at home? \_\_\_\_\_

Does he/she play with other children? \_\_\_\_\_ How? \_\_\_\_\_

How does he/she react when they do not get their way? \_\_\_\_\_

Do you have family time together for anytime during the day/evening? \_\_\_\_\_

## Eating Habits:

At what time does your child eat breakfast? \_\_\_\_\_ lunch? \_\_\_\_\_ dinner? \_\_\_\_\_

What is your child's attitude toward eating? \_\_\_\_\_

If he/she refuses to eat, how is this handled and by whom? \_\_\_\_\_

Favorite foods? \_\_\_\_\_

Disliked foods? \_\_\_\_\_

Food Allergies? \_\_\_\_\_

## Sleep Habits:

Does your child sleep in their own room? \_\_\_\_\_ Shares with sibling? \_\_\_\_\_ Rooms with parents? \_\_\_\_\_

Average hours of sleep per night \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Average hours of sleep for naps \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Attitude towards going to bed \_\_\_\_\_

Does your child wet the bed during nap? \_\_\_\_\_ at night? \_\_\_\_\_ If so, how is it handled? \_\_\_\_\_

## Toilet Habits:

When is your child taken to the bathroom (times)? \_\_\_\_\_

Do they go by themselves? \_\_\_\_\_ Regular bowel movements? \_\_\_\_\_

Does your child tell you when he/she needs to go? \_\_\_\_\_

Can your child manage his/her clothes by themselves? \_\_\_\_\_

What word does your child use for urinate? \_\_\_\_\_ BM? \_\_\_\_\_

## Speech and Physical Growth:

Does your child talk well? \_\_\_\_\_ fairly well? \_\_\_\_\_ not very well? \_\_\_\_\_ not at all? \_\_\_\_\_

Does anyone read to him/her? \_\_\_\_\_ How regularly? \_\_\_\_\_

At what age did your child crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

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## Statement of Compliance for Parents

Please initial each of the following statements indicating that you have read, understand, and are in compliance with LCCA in the following areas. Failure to comply with these statements may result in the termination of the application process.

\_\_\_\_\_ We have received an on-site tour of Lenoir City Christian Academy and met with a LCCA administrator before enrolling our child.

\_\_\_\_\_ We have received and read the Lenoir City Christian Academy policies/procedures and Department of Education policies/procedures (i.e. parent handbook, summary of DOE licensing requirements, etc.). We understand the policies of LCCA and will comply with the guidelines as they have been presented. We understand that if questions arise concerning the handbook, we should discuss those questions with LCCA administrator.

\_\_\_\_\_ We understand that tuition is due for each month that a child is enrolled for even one day of that month. Tuition is due on the first of each month and a late fee of \$20.00 will be charged to the child's account after the 10<sup>th</sup> of the month. Returned checks will require an additional \$20.00 fee. **All fees and tuition are non-refundable.** If tuition has not been paid for the previous month, the child will not be allowed to attend the current month.

\_\_\_\_\_ We recognize and support the purpose of Lenoir City Christian Academy, a ministry of First Baptist Church Lenoir City, is to develop a biblical worldview in the lives of children. A biblical worldview is developed as academics are taught through the lens of the Bible, and the teacher-child relationship is one of discipleship. Lenoir City Christian Academy believes in the inerrancy of the Bible. Children are introduced to the work of Jesus Christ who being perfect and blameless died on the cross to save man from their sins.

\_\_\_\_\_ We will support the policies and procedures of Lenoir City Christian Academy to the best of our ability. We will refrain from complaining about the academy, the faculty and administrators, and First Baptist Church with anyone in the community or with other parents. If we have a complaint or concern with the school or church, we will follow the biblical principles of conflict resolution by going to the administrators to address any relevant issues. (Matthew 18:15-17)

\_\_\_\_\_ We understand we must bring our child and pick him or her up on time; fees may be applied.

\_\_\_\_\_ We authorize Lenoir City Christian Academy to pursue emergency medical care for our child.

\_\_\_\_\_ Our child has an updated immunization record on file.

\_\_\_\_\_ We give permission for a topical ointment (i.e. diaper rash cream, anti-itch ointment, sunscreen, etc.) to be put on our child. To our knowledge, our child does not have an allergy or sensitivity. We understand that this will be used only as an "as needed" basis.

Comments: \_\_\_\_\_

\_\_\_\_\_ In case of emergency evacuation, we give my permission to Lenoir City Christian Academy to transport our child to either Christ Covenant Presbyterian (12915 Kingston Pike, Knoxville, TN 37934) or Highland Park Baptist Church (4333 US-11, Lenoir City, TN 37772).

\_\_\_\_\_  
parent signature

\_\_\_\_\_  
date

\_\_\_\_\_  
parent signature

\_\_\_\_\_  
date

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## Child's Health History Checklist

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

### Medical History: Please check to ones that apply to your child.

MEASLES		MUMPS		CHICKEN POX		WHOOPIING COUGH	
ASTHMA		TONSILITIS		EAR INFECTION		FREE BLEEDER	
MENINGITIS		SEIZURES		REACTION TO TB TEST			

### Allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Is there any evidence of:

Hearing problems \_\_\_\_\_

Vision difficulties \_\_\_\_\_

Speech difficulties \_\_\_\_\_

Kidney problems \_\_\_\_\_

Comments: \_\_\_\_\_

### List any:

Hospitalization \_\_\_\_\_

Serious Illnesses \_\_\_\_\_

Medications Taken Regularly \_\_\_\_\_

### Additional Information:

Does your child get along with other children?  yes  no

Is he/she usually happy?  yes  no

Does your child have any special problems not indicated above?  yes  no

Comments \_\_\_\_\_

When did your child last see a doctor? \_\_\_\_\_