

School Age Care Student Application

Lenoir City Christian Academy

Fall

Summer

Today's Date _____

Grade Entering _____

Student Name _____
Last Name First Name Middle Name Preferred Name

Date of Birth _____ **Highland Park Elem.** **Eaton Elem.** **North Middle** **LCCA**

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

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

Additional Emergency Contact (Other than parents/guardians)

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

Previous Childcare / School

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

Family and Student Information

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

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Experiences with others:

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

What kind of activities does your child like to do? _____

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

Eating Habits:

Favorite foods? _____

Disliked foods? _____

Food Allergies? _____

Sleep Habits:

Average hours of sleep per night _____ From _____ to _____

Student Performance:

Describe your child's character strengths _____

Describe your child's character areas to improve _____

Has your child ever been identified with a special learning disability? Yes No

Comment: _____

Has your child ever been on medication to modify behavior or to enhance ability to learn? Yes No

Comment: _____

Would you like your child to work on their homework while at LCCA? Yes No

Comment: _____

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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 dismissal of your child's attendance in the program.

_____ 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 student 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 student's account after the 10th 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 student will not be allowed to attend the current month.

_____ We recognize 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 students. A biblical worldview is developed in devotions and student activities through the lens of the Bible, and the teacher-student relationship is one of discipleship. Lenoir City Christian Academy believes in the inerrancy of the Bible. Students 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's school has our child's updated immunization record on file.

_____ We give permission for a topical ointment (i.e. 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: _____

_____ We authorize Lenoir City Christian Academy to transport our child daily from their school to Lenoir City Christian Academy.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | Highland Park Elementary | 4490 David Clinton Dr., Lenoir City, TN 37772 |
| <input type="checkbox"/> | Eaton Elementary | 423 Hickory Creek Rd., Lenoir City, TN 37771 |
| <input type="checkbox"/> | North Middle School | 421 Hickory Creek Rd., Lenoir City, TN 37771 |

_____ 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? _____