



REGISTRATION PACKET

1220 20th Street Santa Monica, CA 90404
Phone: 310-829-1741 Fax: 310-453-2743
www.LighthouseChurchSchool.com
lighthousechurchschool@gmail.com

Dear Parents,

It is school policy to have a complete set of documents for each child before school starts. This registration packet must be turned in before the first day of school with all other necessary documents. The parent or guardian is responsible for submitting copies. Please do not submit original forms or documents. These documents include:

- Registration form
- Copy of Birth Certificate
- Copy of Immunization Record
- Copy of Dental Assessment
- Tuition Agreement
- Submit Registration Fee
- Authorization to Treat a Minor
- School Handbook and Registration Agreement

For Kindergarten students:

- Kindergarten Readiness Evaluation (non-refundable \$75 fee)

The registration fee K-8th grade is \$500 (non-refundable).

Monthly tuition due for K-8th grade is \$500 for 10 months (September-June), due on or before the 1st of each month.

Thank you for your cooperation and participation,

Mr. Josh Scribner
Principal
Lighthouse Church School

Lighthouse Church School Grades K-8th Student Registration Form

This form to be filled out by the parent or guardian:

STUDENT INFORMATION

LAST name: _____ FIRST Name: _____ Middle Name: _____

Applying to Enter Grade: _____ For School Year: _____ Date of Application: _____

Date of Birth: _____ Place of Birth: _____ Male/Female: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Occupation or Name of Employer: _____

Phone (work): _____ Phone (cell): _____

Email: _____

Mother/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Occupation or Name of Employer: _____

Phone (work): _____ Phone (cell): _____

Email: _____

Parent's Marital Status: Married Divorced Other: _____

With whom does the student reside? _____

With whom should correspondence be sent to? Father Mother Both

List Siblings:

Name	Age	Grade	Current School
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Applicant's Current School: _____

School Address: _____

School Phone Number: _____ Current Grade: _____

Has your child ever repeated a grade? _____ which grade was repeated? _____

Has your child ever been referred to, enrolled in, or attended a program for learning difficulties, testing, special education, or had an I.E.P. evaluation? No Yes. If yes please explain below and submit a copy of the I.E.P.

RELEASE AUTHORIZATION

The undersigned legal guardian(s) of the above named student do hereby authorize and consent to the release by The Lighthouse Church School of said student to the following persons: (List full name for each person. A telephone call is not sufficient for the school to release a child to someone other than the named individuals below. You must send a signed and dated note.)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

[] My child may leave the school property during and the end of the school day (initial) _____

It is hereby acknowledged and further agreed by the undersigned that the Lighthouse Church School will not, under any circumstances, release said child to anyone other than who are named above unless instructed otherwise by the undersigned.

Signature of Father or Guardian: _____ Date: _____

Signature of Mother or Guardian: _____ Date: _____

Tuition Agreement Form

FOR MONTHLY PAYMENTS:

I agree to pay the Lighthouse Church School (Santa Monica Foursquare Church) a tuition of \$ _____ per month, due on or before the first day of each month, or the next available school day, for 10 (ten) consecutive months (September - June) of the school year _____ for the tuition of my student. I understand that should I decide to withdraw my student from the school, I must provide a 30-day notice to the school.

FOR YEARLY PAYMENTS:

I agree to pay The Lighthouse Church School (Santa Monica Foursquare Church) a tuition amount of \$ _____ for the ten (10) month (September - June) of the school year _____ for the tuition of my student. I understand that should I decide to withdraw my student from the school, I must provide a 30-day notice to the school to receive a proper pro-rated refund.

I also agree to pay the \$500 yearly registration upon enrollment / re-enrollment in the school. I also understand that any fees or tuition left unpaid may result in the withholding of records, additional fees, penalties, and interest, as well as the separation of my student from the school. Unpaid balances may be referred to attorneys and/or collection agencies and I will be responsible for these fees as well.

STUDENT NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

POLICIES, PROCEDURES, AND AGREEMENTS

Cell Phone and Electronic Device Policy and Agreement:

I understand that my child is not allowed to use a cell phone or electronic device before, during, or after school while on the school property. The cell phone or electronic device must remain off and in their backpack.

A cell phone or electronic device used on school property will be confiscated. I understand that I must retrieve the item from the school office. Any item confiscated a second time will be kept until the end of the school year.

I understand that the Lighthouse Church School is not responsible for lost, stolen, or missing items. The student who possesses a cell phone or electronic device shall assume the responsibility.

Fundraiser Participation Agreement:

In order to keep our tuition affordable, throughout the school year we will have a variety of fundraisers. Three of these fundraisers are mandatory and your child will be required to participate.

If you would like to be exempt from these fundraisers, please submit payment to The Lighthouse Church School for \$100 per fundraiser, a total of \$300, or \$500 per household. If you do not participate in each fundraiser, you are required to pay a \$100 exemption fee. Failure to make these payments may result in your child being expelled from the school.

P.E. Schedule and Agreement:

Kindergarten: Wednesday & Friday 1:30pm-2:30pm
1st, 2nd, 3rd, 4th grades: Tuesday & Thursday 1:30pm-2:30pm
5th, 6th, 7th, 8th grades: Wednesday & Friday 1:30pm-2:30pm

In order to make the most out of the P.E. period, we need your help to ensure your child is ready to participate on their designated P.E. day.

Your child will need to be in their P.E. uniform with proper athletic shoes. We will not allow children to call home to have parents bring their P.E. supplies. They will be issued a uniform violation notice and given a non-participation grade for the day. Consecutive violations may result in suspension. Refer to the school handbook or website for uniform instructions.

The 6th-8th grades may be required to bring additional supplies or gear for the sports team that they participate in throughout the year.

The Lighthouse Church School Handbook Agreement:

I have read and understand the school handbook and agree to all contained rules, policies, and procedures. I understand that failure on the part of the parent or child to cooperate with the contained rules, policies, and procedures will result in disciplinary action including expulsion from The Lighthouse Church School. These rules, policies, and procedures may change at any time at the school's discretion.

I have read and understand all of the above policies, procedures, and agreements:

Signature: _____ Date: _____

Signature: _____ Date: _____

AUTHORIZATION TO TREAT A MINOR

No student is admitted to school without the following:

Authorization to Treat a Minor: I/we, the undersigned parents, or legal guardian of a minor, do hereby understand, consent and authorize The Lighthouse Church School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary medical, surgical, and dental care, in case I am not I/we are not immediately available. I/we also authorize and consent to an X-ray examination, anesthetic, medical or surgical treatment rendered by any member of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act on the staff of any acute general hospital holding a current license to operate a hospital from the state in which that hospital is located. It is further understood that this authorization is given in advance of any specific diagnosis or treatment or hospital care deemed advisable in their best judgement. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the student, but that none of the above treatment will be withheld if the undersigned cannot be reached. I/we understand that medical treatment authorized by The Lighthouse Church School is my financial responsibility. Furthermore, if my child(ren) are injured while at The Lighthouse Church School or off the premises, it is my complete responsibility. I/we understand that my child(ren) has clearance to participate in physical education class or any other school sports; (or) state the reason(s) your child(ren) cannot participate in physical education by attaching a letter from their physician. A note of excuse must be sent directly to the school by a medical provider listing how long the inability to participate in physical activities applies. If your child has any food or drug allergies, or needs medication during school hours, please notify the office or teacher prior to the first day of or returning to school.

TB Skin Test: All students entering a L.A. county school for the first time are required to present evidence of a tuberculosis skin test. A T.B. skin test (mantoux) is required each year.

Written Immunization Record: Students entering a California school for the first time on or after March 5, 1986 must provide a written immunization record or receipt of each required vaccine dose (or of an exemption to the immunization requirements). This record must show the date (at least month and year) of each required dose. Newly entering pupils who currently need additional vaccine doses or who lack written record of having received doses are no longer allowed a ten-school-day period of conditional attendance while awaiting receipt of currently due immunization(s) or while producing a written immunization record. All required immunizations must be complete in order to be admitted to school.

Health Physical: All students entering school must have had a complete doctor's physical examination within one year of admission.

Does your child have any known food or drug allergies? No Yes, if so please explain below:

[] Two Epi Pen's must be provided if necessary; one for the classroom and one for the office.

Does your child have any physical handicaps?

Has your child's school attendance ever been interrupted for a period of a month or more due to medical reasons? Approximate dates and details:

Has your child ever had surgery?

Is your child currently under medical treatment? Reasons, medications prescribed and names and contact information for doctor(s) rendering treatment:

Has your child ever been treated by a psychiatrist/psychologist? Dates of treatment, treating physician and contact information, medications prescribed:

In case of emergency and you cannot be reached, who should be contacted?

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Insurance Information: **Must be completed for school admittance.**

Insurance Company Name: _____ Policy #: _____

Subscriber Name: _____ Relationship: _____

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Release of Liability. I assume full responsibility for my child after they leave the school premises; this includes field trips.

I have answered the questions accurately and certify that no information has been withheld or misrepresented. I understand that discovery of substantial falsification or omissions can result in immediate dismissal.

The student is a normal child who is safe companion for other children.

Signature: _____ Date: _____

Signature: _____ Date: _____