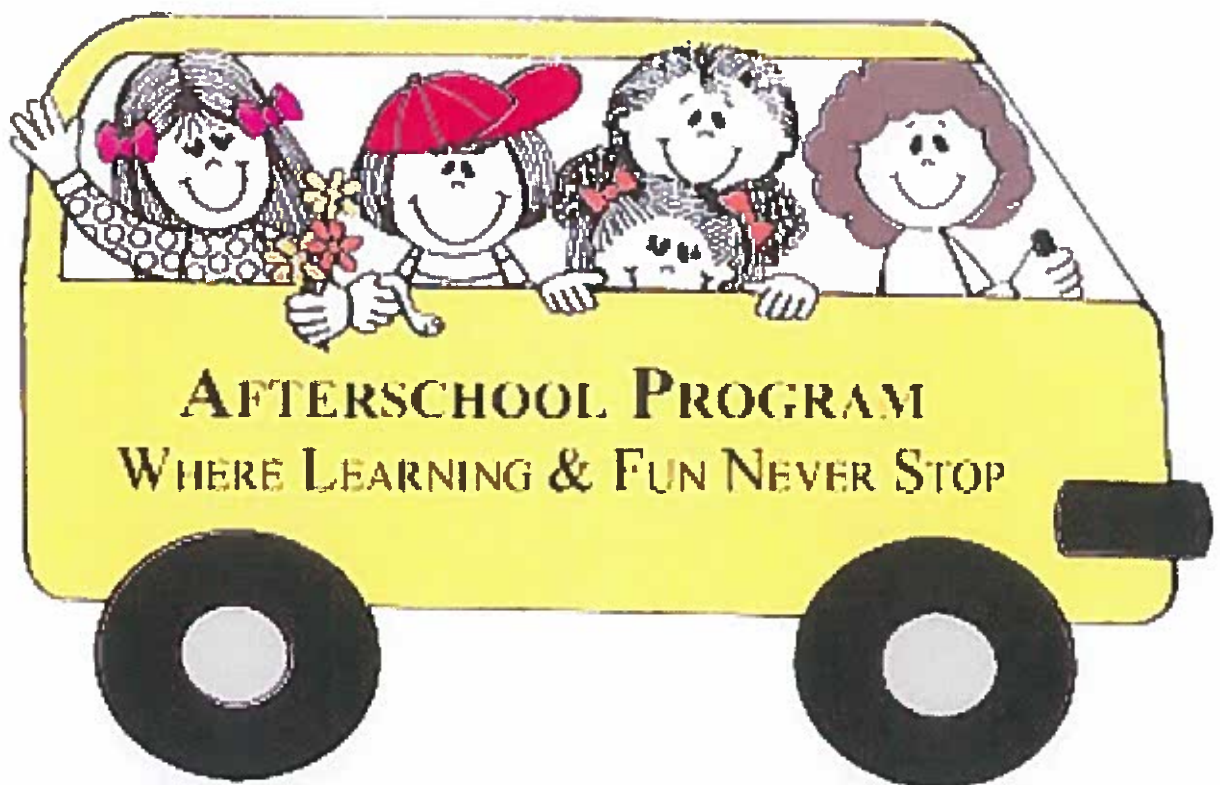


Lakeport Christian Center Preschool

School-Age



NEW STUDENTS

ENROLLMENT PACKET



Dear Parents,

Welcome to Lakeport Christian Center Preschool!

Lakeport Christian Center Preschool is a ministry of Lakeport Christian Center, an Assembly of God Church. All classroom and chapel lesson are strictly non-denominational. We are interdenominational in embracing, welcoming and ministering to all who find it's atmosphere their desire.

Our curriculum is Bible- based and teaches the basic Christian principles and the Love of Jesus Christ. Lakeport Christian Center Preschool encourages lifelong learning, decision making and problem loving while motivating each child to reach their full individual potential. At Lakeport Christian Center Preschool student gain experiences that focus on the growth of the whole child.

Faith Development... Students develop their faith while learning and practicing prayers.

Fine and gross motor skills: Opportunities abound to develop and explore new skills including writing, cutting, coloring, play and so much more....

Pre-reading and reading skills.. Counting, letter recognition and sounds are all learned while students take turns, listen, and share..

Language Skills: Student learn in a variety of ways including books, speakers, field trips, technology, show-n-tell and imaginative play.

Music, art Students have daily opportunities to build their skills in all areas..

We are so excited for our 2018-2019 school year and can't wait to learn, explore and grow with your child..

Lakeport Christian Center School-Aged

Admissions Agreement

Lakeport Christian Center Afterschool Program is a licensed non-profit school open to all children in kindergarten through first grades. Regardless of race, color, creed, or national origin.

Our purpose for the Lakeport Christian Center Afterschool program is to provide a safe, fun and educational experience to come to after school.

Registration: An annual registration fee of \$30.00 for students, per family required to reserve a space in program. These fees are due when the enrollment packet is submitted to school.

Daycare Monthly Tuition Rates

Programs Available	5 Days (M-F)	4 Days	3 Days	2 Days
Afternoon ½ Day				
A- (12:00-3:00)	\$225.00	\$180.00	\$135.00	\$110.00
B- (12:00-4:00)	\$300.00	\$240.00	\$180.00	\$120.00
C- (12:00-5:30)	\$385.00	\$310.00	\$245.00	\$165.00
Afterschool				
A-2:30-4:30	\$200.00	\$160.00	\$120.00	\$80.00
B-2:30-5:30	\$300.00	\$240.00	\$180.00	\$120.00

Tuition: Tuition payments are made September through June. Tuition is due on the 1st of each month and late after the 15th of the month. A \$25 late fee will be charged on all late payments unless prior arrangements have been made with the Director. A \$25 charge will be given on all returned checks, cash payment will need to be made immediately for student to stay enrolled in program. Lakeport Christian Center preschool will drop student from program if tuition payments become delinquent for 2 months, for student to stay enrolled the past due tuition will need to be paid, unless prior arrangements have been made with the Director. Drop-ins welcome with 24 hour notice and additional \$5 per extra hours of care.

Absence/Vacation : There are no automatic reduction of fees when student is absent, unless prior arrangements have been made with the Director. Make-up days will be provided at the Director's discretion and available space. Vacation credit will be given with a 2 week notice prior to your vacation time. LCC preschool will credit your account at ½ of the daily rate for one week only per school year.

Changes/Withdrawal from Program: When personal information changes, parent agrees to inform school at once of the changes to the information contained on the forms completed prior to admission. A written notice of withdrawal from program needs to be given to Director 2 weeks in advance prior to withdraw of program or pay in full the amount for the time not given notice for.

Enrollment: I request enrollment of my child, _____, in Lakeport Christian Center Preschool/Daycare for the following Daycare program:

___ Afternoon ½ Day A ___ B ___ C ___
 ___ Afterschool A ___ B ___
 ___ Days of Attendance

___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days
 ___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days
 ___ M ___ T ___ W ___ TH ___ F

- ___ I have read, understand, and agree with all policies outlined in Lakeport Christian Center Preschool Parent Handbook.
- I do ___ do not ___ give my permission to Lakeport Christian Preschool to place possible pictures of my child(ren) on the schools website, in school publications, or in local newspapers
- ___ I agree to cooperate with and support the philosophy, mission statement, statement of faith, programs and standards of Lakeport Christian Center Preschool/Daycare.

Parent's Signature: _____

Date: _____

**Lakeport Christian Center Daycare
Parent Admission Agreement**

Billing:

Responsible Party Name(s): _____

Phone: _____

Address: _____

Student Name: _____

Payment Policy:

Daycare payments are due the 1st of each month and will be delinquent after the 15th of each month. A \$25 late fee will be charged if Daycare payments are not paid in full by the 10th of each month. A \$25 fee will be charged against any returned checks.

Family Discount:

First Child: Full Price

Second Child: 10% Family Discount

Third/Fourth Child: 15% Family Discount

The Following Agreement is Made Between:

_____ (mother) and/or _____ (father) and
Lakeport Christian Center Preschool. Daycare fee is \$_____ per month. Family Discount
\$_____. Total Fees per month \$_____.

Signature (Father) _____ Date: _____

Signature (Mother) _____ Date: _____

Signature (Director) _____ Date: _____

Office Use Only

Date Started _____ Registration _____ Prorate _____ Mo. _____

Daycare\$ _____ Family Discount \$ _____ Daily Rate \$ _____

Father/Guardian's Name: _____ SS# _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation _____

Living with child: _____ Yes _____ No

Mother/Guardian's Name _____ SS# _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation _____

Living with child: _____ Yes _____ No

Marital Status of Parents (state time Period)

____ Married ____ Divorced ____ Single ____ Widowed ____ Separated ____ Stepparent

If adopted: Age at adoption: _____ does child know he/she is adopted? ____ Yes ____ No

Custody/visiting arrangements: _____

First/Last Name	Age	<u>Siblings</u> Date of Birth	Grade	Birth/Adoption/Stepchild
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list other members of household (including relationship and age): _____

How did you hear about Lakeport Christian Center Preschool: _____
Church or Denominational Affiliation _____

LAKEPORT CHRISTIAN CENTER
PRESCHOOL/DAY CARE

(707) 262-5520

STUDENT INFORMATION

Student's Full Name: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Work Phone (Father): _____ Work Phone (Mother): _____

Name of Doctor: _____ Doctor's Phone: _____

Date of last Tetanus: _____

Medications child is taking: _____

Has the student had any disciplinary difficulty in school? Yes: _____ No: _____

If yes, please explain: _____

Authorization

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to watch movies as deemed appropriate by the center.

I hereby grant permission for my child to be included in evaluations and pictures connected with the preschool program.

I hereby grant permission for the Director or Teacher to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian;
2. Attempt to contact the child's physician;
3. Attempt to contact you through any of the persons listed on the emergency information form you completed.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a) Call another physician or paramedics;
 - b) Call an ambulance;
 - c) Have the child taken to the hospital in the care of a staff member.
5. Any expenses incurred under number 4 will be borne by the child's family.
6. The preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The preschool will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Father's Signature _____	Date _____
Mother's Signature _____	Date _____
Guardian's Signature _____	Date _____

Field Trip Permission Slip

To Whom It May Concern:

This is to certify that I give my permission for my son/daughter, _____, to participate in field trips planned by the staff of LAKEPORT CHRISTIAN CENTER PRESCHOOL/DAYCARE of Lakeport, California. I furthermore release the staff of the above mentioned school and the pastor, staff, and members of LAKEPORT CHRISTIAN CENTER from liability resulting from any injury while my child is being transported to or from or during a field trip. I understand that the persons in authority will provide the best supervision they are capable of. This permission slip will be considered valid until I personally revoke it.

Father's Signature _____	Date _____
Mother's Signature _____	Date _____
Guardian's Signature _____	Date _____

LETTER TO YOUR CHILD

In the event of a natural disaster that might separate you and your child, we would like to have on hand a letter of reassurance from you to your child. You may include anything that would be special to your child (you might even want to draw something that your child would recognize).

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME _____	SEX _____ BIRTH DATE _____
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME _____	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? _____
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME _____	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? _____
IS THIS CHILD BEING UNDER REGULAR SUPERVISION OF PHYSICIAN? _____	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION _____

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT _____ MONTHS	BEGAN TALKING AT _____ MONTHS	TOILET TRAINING STARTED AT _____ MONTHS
------------------------	-------------------------------	---

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

DATES	DATES	DATES
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Ten-Day Measles (Rubeola)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Three-Day Measles (Rubella)
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Mumps	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS _____

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR? _____	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF _____
--	------------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP? _____	WHAT TIME DOES CHILD GO TO BED? _____	DOES CHILD SLEEP WELL? _____
DOES CHILD SLEEP DURING THE DAY? _____	WHEN? _____	HOW LONG? _____

DIET PATTERN (What does child usually eat for these meals?)	BREAKFAST _____	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH _____	
	DINNER _____	

ANY FOOD DISLIKES? _____	ANY EATING PROBLEMS? _____
--------------------------	----------------------------

IS CHILD TOILET TRAINED? _____	IF YES, AT WHAT STAGE? _____	ARE BOWEL MOVEMENTS REGULAR? _____	WHAT IS USUAL TIME? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT" _____		WORD USED FOR URINATION _____	

PARENT'S EVALUATION OF CHILD'S HEALTH _____

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? _____	IF YES, NAME OF DOCTOR _____	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? _____	IF YES, WHAT KIND AND ANY SIDE EFFECTS _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICES? _____	IF YES, WHAT KIND _____	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? _____	IF YES, WHAT KIND _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY _____

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN? _____

HAS THE CHILD HAD GROUP PLAY EXPERIENCES? _____

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS, FEARS, NEEDS OR PLANS? _____

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL? _____

REASON FOR REQUESTING DAY CARE PLACEMENT _____

PARENT'S SIGNATURE _____ DATE _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE
					()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTH DATE
					()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE
					()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE
					()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE	BUSINESS TELEPHONE
				()	()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
			()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
			()

IF PHYSICIAN CANNOT BE REACHED WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION _____ DATE LEFT _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

LIC 627 (ENG/SP) (5/07) (CONFIDENTIAL)

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

LIC 627 (ENG/SP) (5/07) (CONFIDENTIAL)

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Redwood Empire District Office

ADDRESS

101 Golf Course Drive, Suite A-230

CITY

Rohnert Park, CA

ZIP CODE

94928

AREA CODE/TELEPHONE NUMBER

(707) 588-5026

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Lakeport Christian Center Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

455 S Forbes St, Lakeport, 95453

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name:

Community Care Licensing

Licensing Office Address:

101 Golf Course Dr. Suite A-230, Redwood Park CA

Licensing Office Telephone #:

(707) 588-5026

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/04)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Lakeport Christian Center Preschool
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

LIC 995 (9/04)

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children cannot by law be given an exemption that would allow them to own, live in or work in a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://ccld.ca.gov/docs/maps/state.htm>

Statement of Faith

Christian Center School is a ministry of Lakeport Christian Center, an Assembly of God Church. All classroom and school chapel instruction, however, is strictly non-denominational. All parents, who enroll their children in Lakeport Christian Center School, must sign the form indicating they have read our Statement of Faith.

- We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God. (II Timothy 3:15 II Peter 1:21)
- We believe there is one God, eternally existent in three persons, Father, Son and Holy Spirit. (Genesis 1:1; Mathew 18:19; John 10:30)
- We believe in:
 - The deity of Christ (John 10:33)
 - His virgin birth (Isaiah 7:14; Mathew 1:23; Luke 1:35)
 - His sinless life (Hebrews 4:15; 7:26)
 - His miracles (John 2:11)
 - His vicarious and atoning death (I Corinthians 15:3; Ephesians 1:7; Hebrews 2:9)
 - His resurrection (John 11:12; I Corinthians 15:4)
 - His ascension to the right hand of the Father (Mark 16:19)
 - His personal return in power and glory (Acts 1:11; Revelations 19:11)
- We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that men are justified on the single ground of faith in the shed blood of Christ and that only by God' grace and through faith alone we are saved. (John 3:15, 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5)
- We believe in:
 - (a) Baptism in Water: The ordinance of baptism by immersion is commanded in the scriptures. All who repent and believe on Christ as Savior and Lord are to be baptized. Thus, they declare to the world that they have died with Christ and that they also have been raised with Him to walk in newness of life. (Mathew 28:19; Mark 16:16; Acts 10:47-48; Romans 6:4)
 - (b) Holy Communion: The Lord's Supper, consisting of the elements, bread and the fruit of the vine, is the symbol expressing our sharing the divine nature of our Lord Jesus Christ (II Peter 1), a memorial of His suffering and death (I Corinthians 11:26), and is enjoined on all believed, "Until He comes!"
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation. (John 5:28-29)
- We believe in the spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9; Corinthians 12:12-13; Galatians 3:26-28)

I have read and understand that this is Lakeport Christian Center School's Statement of Faith and practice. (For complete Tenets Faith, refer to the church office.)

Father's Signature: _____ date _____

Mother's Signature _____ date _____