

Lakeport Christian Center
Preschool/Daycare



Welcome to
Preschool

2020-2021

Preschool/Daycare Program

Enrollment Contract

Dear Families,

Welcome to Lakeport Christian Centers 2020-2021 Preschool Program!

We cannot wait for our 2020-2021 fall preschool program to start. We are eager to see our returning families and to meet our new families. This school year is going to look a little different than in the years past. We are working hard to offer the same developmentally appropriate daily schedule, lesson plans, and indoor and outdoor play, exploration, and experimentation. Our desire is for all of our students to LOVE school as much as we do.

We have developed an ever changing COVID-19 plan to help ensure our families, students, and staff health and safety. We take COVID-19 very serious and hope that you do also. Please keep in mind that COVID-19 is subject to change based off of our county and state guidelines. We view our center as a family, we ask that once you enter our family to take every necessary precaution to help keep us all safe and healthy making sure to cut down on all outside exposures.

To follow the COVID-19 guidelines we are offering three preschool enrollment options. We will have three groups of children. Each group will have a separate teacher. We are blessed with a large facility which will help us keep the groups from ever intermingling. We will only have two group at the center a day, allowing for time to clean and disinfect.

Your enrollment options are as follows:

- A. 2 days a week Tuesday & Thursday Hours 8:30am- 12:00pm
 - B. 3 days a week Monday, Wednesday, Friday Hours 8:30am – 3:00pm
 - C. 4 or 5 days a week Monday – Friday Hours 8:30am to 4:00 or 5:30 pm
- (Group B & C will may also have the early morning hour component Starting at 7:30am)

At this time, these will be only our three options available for our Preschool Program. I am sorry at this time we cannot fluctuate any times or days.

Please feel free to call and talk to teacher Jenna with all your questions and concerns. I know this year will be amazing and am thrilled that you and your family will be joining our preschool family.

God Bless,
Mrs. Jenna James

Lakeport Christian Center Preschool/Daycare
Parent Admission Agreement
Preschool 2020

Billing:

Responsible Party Name(s): _____

Phone: _____

Address: _____

Student Name: _____

Payment Policy:

Tuition/Daycare payments are due the 1st of each month and will be delinquent after the 10th of each month and a \$25 fee will be charged if tuition/daycare is not paid in full by the 10th. 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 or legal guardian)

_____ (father or legal guardian) and Lakeport Christian

Center Preschool. The Tuition/Daycare fee is \$ _____ per month. The

Early Morning Hours per month \$ _____. The Pre-K Fee per month \$ _____.

Family Discount \$ _____. Total Fees per month \$ _____.

Signature (father or guardian) _____ Date: _____

Signature (mother or guardian) _____ Date: _____

Signature (Director) _____ Date: _____

Office Use Only

Date Started _____ Registration _____ Prorate _____ Monthly _____

Tuition/Daycare _____ Early AM _____ Pre-K _____

Family Discount _____ Daily Rate _____

LAKEPORT CHRISTIAN CENTER PRESCHOOL
Admission Agreement
FALL 2020

Lakeport Christian Center Preschool is a licensed non-profit school open to all children ages 2 to 5 years of age and toilet trained, regardless of race, color, creed or national origin.

Our purpose at Lakeport Christian Center Preschool is to help the preschool child develop socially, physically, cognitively, emotionally, spiritually and creatively.

Registration Fee: \$95.00 new student/\$90.00 returning student

PRESCHOOL & DAYCARE MONTHLY TUITION RATES

| Program | 5 Days | 4 Days | 3 Days | 2 Days |
|------------------------------|-----------------|----------|----------|---------------|
| ½ day (8:30-12:00) | | | M/W/F | \$215.00 T/Th |
| A-8:30-3:00 | | | \$370.00 | |
| B-8:30-4:00 | \$625.00 | \$515.00 | | |
| C-8:30-5:30 | \$705.00 | \$615.00 | | |
| Early Drop-in (7:30-8:30) | \$100.00 | \$80.00 | \$60.00 | \$40.00 |
| Pre-K (M-Th) | \$20.00 Monthly | | | |

Tuition: Tuition payments are due on the first day of the month. A \$25 late fee will be charged on all late payments unless prior arrangements have been made. A \$25 charge will be applied to all returned checks and cash payment will be required in order to keep the student in the program. Lakeport Christian Center Preschool may drop a student from the program if payment becomes one-month delinquent.

Changes/Withdrawal from Program: When personal information changes, parent agrees to inform the school at once. A written notice of withdrawal from program needs to be given to Director 2 weeks in advance of withdrawal from program or payment in full will be required for the time of notice not given.

Enrollment: I request enrollment of my child _____ into Lakeport Christian Center Preschool for the following program(s):

- | | |
|---|--|
| <input type="checkbox"/> ½ Day Preschool <input type="checkbox"/> Full Day Preschool A <input type="checkbox"/> Full Day Preschool B <input type="checkbox"/> Full Day Preschool C <input type="checkbox"/> Early AM Drop-in Hours <input type="checkbox"/> Pre-K (students who will be 4 on or after Sept. 1 st) <input type="checkbox"/> Days of attendance | <input type="checkbox"/> 2 days T/Th <input type="checkbox"/> 3 days M/W/F <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F |
|---|--|

- I have read, understand and agree with all policies outlined in LCC Preschool Parent Handbook
- I do do not give my permission to LCC Preschool to place possible pictures of my child(ren) on the school 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 LCC Preschool.

Parent's Signature: _____ Date: _____

PARENT INFORMATION

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/ Daycare
455 South Forbes Street Lakeport California 95453
(707) 262-5520

Student Information

Student's Full Name: _____ Grade _____

Date of Birth: _____ Place of Birth: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mother/ Guardians phone numbers: _____

Fathers/ Guardians phone numbers: _____

Name of Doctor: _____ Doctor's Phone Number: _____

Name of Dentist: _____ Dentist's Phone number: _____

Medication Child is Taking: _____

Child's Allergies: _____

Does the Student Have a current I.E.P. Yes: _____ No: _____
(If yes please Attach copy of I.E.P)

Has the Student had any disciplinary difficulties in school? Yes: _____ No: _____

If Yes, please
explain: _____

Authorization

Please Initial:

___ I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities at Lakeport Christian Center Preschool/ Daycare.

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

___ I hereby grant permission for the Director or Teachers 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 parents or guardian
2. Attempt to contact additional authorized persons off of emergency information form.
3. Attempt to contact the child's physician
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 1. Call paramedics/ ambulance
 2. Have the child taken to the hospital in the care of a staff member.
5. Any expenses incurred under number four 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.

Mother/ Guardians Signature: _____

Father/ Guardians Signature: _____

Field Trip Permission Slip

To whom it may concern:

This is to certify that I give permission for my child _____, to participate in field trips planned by the staff at Lakeport Christian Center Preschool/ Daycare. 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 the 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.

Mother/ Guardians Signature: _____

Father/ Guardians Signature: _____

IMPORTANT INFORMATION FOR PARENTS

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 or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, 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://cclid.ca.gov/contact.htm>.

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, Rohnert Park Ca. 94928

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 (9/08)

(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/ Daycare
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

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 Daycare/ Preschool | (PRINT THE ADDRESS OF THE FACILITY) 455 S. Forbes St. Lakeport Ca. 95453 |
| (PRINT THE NAME OF THE CHILD) | |

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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 |
| | | | | | BIRTHDATE |
| 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

Lakeport Christian Center Preschool/ Daycare 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
NAME

WHATEVER 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 ()

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Lakeport Christian Center Preschool/ Daycare _____ . This Child Care Center/School provides a program which extends from Mon : Fri.
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 7:30 a.m./p.m), 5:30 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | |
|---|--------------------------|-----|-----|-----|-----|
| | 1st | 2nd | 3rd | 4th | 5th |
| POLIO (OPV OR IPV) | / / | / / | / / | / / | / / |
| DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) | / / | / / | / / | / / | / / |
| MMR (MEASLES, MUMPS, AND RUBELLA) | / / | / / | / / | / / | / / |
| HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B) | / / | / / | / / | / / | / / |
| HEPATITIS B | / / | / / | / / | / / | / / |
| VARICELLA (CHICKENPOX) | / / | / / | / / | / / | / / |

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

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 /HAS CHILD BEEN 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 LUNCH DINNER | WHAT ARE USUAL EATING HOURS? BREAKFAST _____ 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 DEVICE(S): | 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? (EXPLAIN.)

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

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: _____

Guardian's Signature: _____ Date: _____