

Lighthouse Christian School
28157 Lighthouse Crossing
Dagsboro, DE. 19939
(302)732-3309
www.lighthousechristianschool.com
lcs@dagsborocog.org

APPLICATION FOR ADMISSION

Student's Name: _____ Male: ___ Female: ___

Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Social Security # _____

Date of Birth: _____ Grade entering: _____

Father's Name: _____ Cell Number: _____

Employer's Name: _____ Occupation: _____

Fathers Work Number: _____ Pager Number: _____

Mother's Name: _____ Cell Number: _____

Employer's Name: _____ Occupation: _____

Mother's Work Number: _____ Pager Number: _____

Person responsible for tuition (if different than above)? _____

In the event of an emergency, if a parent cannot be reached, whom may we contact?

1.) Name: _____ Relationship to student: _____

Address: _____

Home phone: _____ Work phone: _____ Cell number: _____

2.) Name: _____ Relationship to student: _____

Address: _____

Home phone: _____ Work phone: _____ Cell number: _____

Student's Physician: _____ Phone # _____

Marital Status of Parent: ___ Married ___ Separated ___ Divorced ___ Single; Deceased: ___ Father ___ Mother

If separated or divorce, which parent will be primarily responsible for enrolling your child?

Mother: _____ Father: _____

Student lives with: Both Parents ___ Father ___ Mother ___ Guardian ___

If separated or divorced, who has legal custody? Father ___ Mother ___ Guardian ___ Both/Joint ___

Person(s) authorized to pick up student from school: _____ Phone: _____

Person(s) authorized to pick up student from school: _____ Phone: _____

Person(s) **NOT** authorized to pick up student from school: _____ Phone: _____

Student's ethnic background: Spanish American ___ Asian ___ African American ___
Caucasian ___ Native American ___ Other _____

Names and ages of other children in family: _____

Has father made a profession of faith in Jesus? Yes ___ No ___

Has mother made a profession of faith in Jesus? Yes ___ No ___

Has student made a profession of faith in Jesus Christ as Savior? Yes ___ No ___ (Not a prerequisite for acceptance)

Where is your current church membership? _____

Name of Pastor: _____

Address: _____ City: _____ Zip Code: _____

Grandparents: Maternal Paternal

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home phone: _____

Home phone: _____

Include on newsletter mailing list? Yes ___ No ___

Include on newsletter mailing list? Yes ___ No ___

Invite to Grandparent's Day? Yes ___ No ___

Invite to Grandparent's Day? Yes ___ No ___

Reason for choosing Lighthouse Christian School: _____

In what ways do you see yourself involved in the educational process of your student? _____

List the schools your child has previously attended: _____

Has your child ever been home schooled? (y/n) ___ What curriculum was used? _____

Has your child ever been expelled before (y/n)? _____

What is his/her attitude towards school and teachers? _____

Does your child have any special physical difficulties, impairments or allergies needs (bee stings, etc.) that we needs that we need to be aware of? _____

For our Title V application process, please check the following if applicable:

(TANF) Temporary Assistance to Needy Families: _____

Food Stamps: _____

"You are the light of the World ..." Matt

New Registration Fee: \$100.00
Re-enrollment: \$50.00
Must accompany this application

Fee Schedule

Registration Fee:

New Students – \$100.00

Returning Students - \$50.00

Testing Fee (If needed for new students) - \$50.00

Registration & Testing fee must be submitted with application and are non-refundable.

PRE-3 *(Three year olds)*

Tuition Fee (yearly) For 3- _ Days (Mon., Wed. & Fri.)-\$2,430.00 paid on a 10-month schedule (\$243.00 a month)

Tuition Fee (yearly) For 5- _ Days (Mon. – Fri.)- \$3,200.00 paid on a 10-month schedule (\$320.00 a month)

Tuition Fee (yearly) For Full Days -\$3,200.00 paid in 10 month schedule (\$320.00 a month)

Curriculum Fee (yearly) For 3- _ Days- \$53.00

Curriculum Fee (yearly) For 5- _ Days- \$200.00

Curriculum Fee (yearly) For Full Days- \$200.00

Students are required to bring their own snack and drink daily.

PRE-4 *(Four year olds)*

Tuition Fee (yearly) For 3- _ Day (Mon., Wed. & Fri.)- \$2,430.00 paid on a 10-month schedule (\$243.00 a month)

Tuition Fee (yearly) For 5- _ Days (Mon. - Fri.)- \$3,200.00 paid on a 10-month schedule (\$320.00 a month)

Tuition Fee (yearly) For Full Days- \$3,200.00 paid in a 10 month schedule (\$320.00 a month)

Curriculum Fee (yearly) For 3- _ Days- \$53.00

Curriculum Fee (yearly) For 5- _ Days- \$200.00

Curriculum Fee (yearly) For Full Days- \$200.00

Students are required to bring their own snack and drink daily.

Kindergarten

Tuition Fee (yearly) For 5- _ Days (Mon. – Fri.)- \$3,200.00 paid on a 10-month schedule (\$320.00 a month)

Tuition Fee (yearly) For Full Days- \$3,200.00 paid in a 10-month schedule (\$320.00 a month)

Curriculum Fee (yearly) For _ Days- \$200.00

Curriculum Fee (yearly) For Full Days- \$200.00

Students are required to bring their own snack and drinks daily.

First Grade though Eighth Grade

Tuition Fee (yearly) - \$3,200.00 paid on a 10-month schedule (\$320.00 a month)

Curriculum Fee (yearly) - \$200.00

Packed Lunch

The Lighthouse Christian School operates in faith. Tuition and fees do not cover the total cost of education for our students. Each year, approximately 15% of the total budget must come through gifts and fundraising. All gifts are tax deductible. We would like you to prayer fully consider sowing a financial gift to your school.

II Corinthians 9:6

But this I say, He which soweth sparingly shall reap also sparingly; and he which soweth bountifully shall reap also bountifully.

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Transportation Reimbursement

Parent(s)/Guardian

As per Delaware Constitutional Provisional, Article X, Section 5. TRANSPORTATION OF NONPUBLIC SCHOOL STUDENT; we receive transportation reimbursement for each child attending Lighthouse Christian School in the elementary grades. The amount is based upon the number of students in the elementary grades.

This form is required for Kindergarten, 1st, 2nd, 3rd and 4th grade student and up

Please check one of the following items and return to the school.

_____ *I would like to donate my transportation reimbursement to the LCS.*

_____ *I would like my reimbursement applied towards my child's tuition.*

(Kindergarten and up will receive transportation reimbursement)

Students Name: _____

Parent or Guardians Signature

Date

Medical Release Form

Office Copy

Name _____ Phone _____

Address _____ Age _____

Emergency number for parent _____

Allergies _____

Child on any medications (Y/N) _____ If yes list Medications _____

In case of emergency contact _____ Phone _____

Phone _____

Family Physician _____ Phone _____

Insurance Company _____

Group # _____ Policy # _____

Hospital Preferred _____

In case of emergency or illness, I/we give the representatives of the Lighthouse Christian School permission to seek any medical services necessary for my child. In addition, I hold no responsibility to the Lighthouse Christian School or its representatives for any liability.

Signature _____

Date _____

According to Delaware Code, Title 14, Section 131, each student must have the required immunizations listed below. Each parent must verify that your child has received or is in the process of completing the required vaccines.

For your convenience a medical record form has been printed on the reverse side of this form. The medical record should be completed by your family physician and returned to the school.

Delaware law requires the following immunizations:

- 1. Five or more doses of DTP, DT & P or TD vaccine (or a combination thereof) (unless fourth dose is given after fourth birthday)*
- 2. Four doses of polio vaccine or four doses of inactivated (Salk) vaccine (unless third dose is given after fourth birthday)*
- 3. Two doses of measles vaccine (given after 12 months of age)*
- 4. One doses of rubella vaccine administered after the age of 12 months.*
- 5. One doses of mumps vaccine administered after the age of 12 months.*
- 6. Three doses of hepatitis B vaccine – grades K and 7*
- 7. Results of a Mantoux tuberculin skin test within the past 12 months (PPD)*
- 8. Physical Exam.*
- 9. Lead test*

DELAWARE PUPIL MEDICAL RECORD

SECTION A - To be filled in by parent before physical examination.

NAME _____ SEX: M __ F __ BIRTHDATE: _____ Grade: _____
 ADDRESS _____

ILLNESS: Check and give approximate date your child had any of the following: HANDICAPS: Check if your child has any *problem* with any of the following and give additional comments below:

Chicken Pox	Pneumonia	Allergies	Speech Difficulty	Typhoid Fever	Night Terrors
Diabetes	Poliomyelitis	Asthma	Vision Difficulty	Nephritis	Hearing Test (date)
Ear Infection	Rheumatic Fever	Behavior Problem	Fainting	Constipation	Other
German Measles	Scarlet Fever	Epilepsy seizures	Sleep Walking	Heart trouble	
Measles	Tonsillitis	Frequent colds	Menstruation	Whooping Cough	
Mumps	Tuberculosis	Hearing difficulty	Bed Wetting	Physical Handicaps	

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include accidents, operations, etc. with dates): _____

ANY SPECIFIC ACTIVITIES TO BE ENCOURAGED: _____ RESTRICTED: _____

SECTION B - To be completed by examining physician. (PLEASE INDICATE CONDITION BY CODE AND GIVE DETAILS UNDER POSITIVE FINDINGS.) Height _____ Weight _____

CODE: ____ No defect, 1 - defect, correction or care not necessary, 2 - defect, care of correction is necessary.

Nutrition	Scalp-Skin	Teeth-Temp.	Heart	Extremities
Eyes:	Ears	Teeth-Perm.	Lungs	Nervous System
Distant R 20/ Corr. to 20/	Nose	Neck	Abdomen	Posture
Vision L 20/ Con. to 20/	Throat	Glands	Hernia	Other

POSITIVE FINDINGS: (Include any additional pertinent history)

RECOMMENDATIONS: (List any limitation of activity that child should observe)

Vaccine Type	Primary Immunization Series				Boosters	
DPT/ HIP / /	DTP/ Hip 2 / /	DTP/ Hip 3 / /	DTP/ Hip 4 / /	DTaP/ Hip 4 / /		
DTP/DTaP 1 / DT / /	DTP/DtaP 2 / ST / /	DTP/TaP 3/ DT / /	DTP/DtaP 4 DT / /	DTP/DtaP 5/DT / /		
Td 1 / /	Td 2 / /	Td 3 / /	/ /	/ /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /		
MM 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /		
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hip 1 / /		
Hep B/Hib 2 / /	Hep B/ Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /		
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococca Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /		
Pneumococcal Conjuate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1		
Lyme Vax 2 / /	Lyme Vax 3 / /	Other / /	Lead Screening 12 mo. / /			

PHYSICIAN'S SIGNATURE _____ ADDRESS _____ DATE _____

An intradermal tuberculin skin test should be performed on all children entering school.

Negative reactors should have tests repeated on successive school physical examinations.

Tuberculin Skin Test Type: _____ Date _____ Results _____

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Dear Parents,

Listed below are the requirements for enrolling your child(ren). Please be sure that all items are completed before you return them to school.

1. Complete an Application form
2. Submit a registration fee (see fee schedule)
3. Provide a copy of your child's birth certificate
4. Provide a copy of your child's immunization record
5. Provide a copy of your child's social security card
6. Complete a Medical Release Form
7. Submit the curriculum fee (see fee schedule)
8. Submit the tuition fee (see fee schedule)

*When shopping for school supplies, please refrain from characters or that do not honor God. When in doubt- plain is best for school. If this presents a problem for your family- let us know how we can help.

4 TH GRADE	5 TH GRADE	6 TH GRADE	7 TH GRADE	8 TH GRADE
3- Boxes of Kleenexes Glue Stick Scissors Highlighters- Yellow Pencils-(no mechanical) Pens- (black Or blue) Gel Pens or Different Color Pens for correcting 1- Eraser (pink) Crayons or Colored Pencils-(no markers) 2-3- Packs Index Cards Loose Leaf Paper(keep extra at home) 3- Composition Books 1- Boxes of Zip Lock Bags (small size) 1- soft 3 Ring Binder 1/2" 2- Folders w/ pockets and w/ prongs 3- Folders with pockets Book Bag Pencil Box 1- 12" Ruler w/ Centimeter NIV Bible-(not NIRV) 1- Book Covers 50ct. Styrofoam or heavy duty cups Graph Paper 1- Plastic Pocket Folder	Book Bag(NO ROLLING BOOK BAGS) NIV Bible 1- Composition Books 4- Packs Loose Leaf Paper 1- Yellow or Orange- 1 Highlighter 2- Packs of # 2 Lead Pencils Pens- (2 colors for correcting) Crayons or Colored Pencils 2- Packs of Thick Dry Erase Markers (Expo)Black 2- Glue Sticks Crayola Washables 1- Hand Sanitizer 1- Drawing Pad 2- Book Covers 3- Boxes of Kleenexes 50 ct. Styrofoam or heavy duty cups 1- Pair of Scissors 2 Pocket Folders; 2-red, 2-blue, 2 yellow, 2-green, 2-orange, 2-purple 1- Tube of Tennis Balls Graph Paper 1-Durable pocket folder for take home materials 1- Plastic Pocket Folder	Book Bag(NO ROLLING BOOK BAGS) NIV Bible 1 -Composition Book 4- Packs of Loose Leaf Paper 3 Ring Zippered Pencil Pouch 2- Packs of #2 Lead Pencils- (no mechanical) 2- Colored Correcting Pens Eraser 2- Packs Thick Dry Erase Markers (Expo)Black Only 3- Boxes of Kleenexes 1- Pair of Scissors 2- Glue Sticks Colored Pencils 1- Highlighter 1- Hand Sanitizer 2- Book Covers 2 Pocket Folders 2-red, 2-blue, 2-yellow, 2- green, -2 orange, 2- purple 1- Tube of Tennis Balls 1- Durable pocket folder for take home materials 50 ct. Styrofoam or heavy duty cups 1- Plastic Pocket Folder	Black (Expo) Markers (Thick) Book Bag(NO ROLLING BOOK BAGS) NIV Bible 4- Packs of Loose Leaf Paper 1- Yellow Highlighter 2- Packs of #2 Lead Pencils (No Mechanical) 2- Book Covers 3- Boxes of Kleenexes 3- Glue Sticks 1- Box Colored Pencils 1- Hand Sanitizer 50ct. Styrofoam or heavy duty cups 1- pair of scissors 1- Composition Book 2 pocket folders 2-red, 2-blue, 2 yellow 2-green, 2- orange, 2-purple 1- Tube of Tennis Balls 1-Durable folder for take home materials 1- Plastic Pocket Folder	Black (Expo)Markers (Thick) Book Bag(NO ROLLING BOOK BAGS) NIV Bible *Very Important 4- Packs of Loose Leaf Paper 1- Yellow Highlighter 2- Packs of #2 Lead Pencils (No Mechanical) 2- Book Covers 3- Boxes of Kleenexes 3- Glue Sticks 1- Hand Sanitizer 50 ct. Styrofoam or heavy duty cups 1- pair of scissors 1- Composition Book Pocket folders 2-red, 2-blue , 2- yellow, 2-green, 2- orange, 2-purple 1-Tube of Tennis Balls 1- Durable folder for take home materials 1- Plastic Pocket Folder

