

**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: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 (bee stings, etc.) needs that we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

"You are the light of the world..." Matt. 5:14

**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 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.

### PRE-4 *(Four year olds)*

Tuition Fee (yearly) For 3- \_ Days (Mon., Wed. & Fri.)- \$2,430.00.00 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 5- \_ Days - \$200.00

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

### ***First Grade through 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.

# 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 Conjugate 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 \_\_\_\_\_

**Lighthouse Christian School**  
**28157 Lighthouse Crossing**  
**Dagsboro, DE. 19939**  
[www.lighthousechristianschool.com](http://www.lighthousechristianschool.com)  
[lcs@dagsborocog.org](mailto:lcs@dagsborocog.org)  
**(302)732-3309**

Dear Parents,

Listed below are the requirements for enrolling your child(ren). Please be sure that all items are completed before you return the items 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, violent themes 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.

PRE-3	KINDERGARTEN	1 <sup>ST</sup> GRADE	2 <sup>ND</sup> GRADE	3 <sup>RD</sup> GRADE
2- Boxes of Kleenex Book Bags (Full Size) 1- Box of 8 Jumbo Crayola Crayons 1- Box of Zip Lock Bags(Gallon size)+ (Sandwich Bags) 1- Folder w/ pockets 1- Pack of Multi-Color Construction Paper 2-Glue Sticks 2-Pack of Index Cards (3x5) Smock for Art or an old t-shirt from dad Or mom 100 ct. Styrofoam or heavy duty chinet type paper plates <hr/> <b>PRE-4</b> 1- Box of Kleenex 4- Glue Sticks Book Bag (Full Size) 1- Box of 8 Crayola Crayons JUMBO 1- Folder w/2 pockets 1- Box of Zip Lock Bags (Gallon Size) 1-Sandwich Bags 1-Pack of Multi-Color Construction Paper 1-Pack of Pencils Smock for art or an old t-shirt from dad or mom Pencils 100 ct. Styrofoam or heavy duty chinet type paper plates 1- Pack of Crayola Colored Pencils	2- Boxes of Kleenex 8- Boxes of 8 Crayola Crayons (No Jumbo) (Regular Only) 10-Pencils 2-Pink Erasers ( No Caps) Book Bag (Full Size) 1- Composition Notebook Book Bag Full Size 2- Pack of Multi- Color Construction Paper 1- Hand Sanitizer 1- Primary Writing Tablet 1- (8-10) Crayola Jumbo/ or Thin Washable Markers 100 ct. Styrofoam or heavy duty chinet type paper plates 2- Tube of Tennis Balls (3 in a tube) 1- 100 ct. (3x5) Index Cards	1- Jumbo Dry Erase Markers (Expo) 3- Boxes of Kleenex 2- Glue Sticks-Jumbo Size Scissors 7 x 5 Pencil Box 1- Composition Book 3- Folders w/2 pockets 2- Large Erasers 2- Packs of Pencils Book Bag(NO Rolling Book Bags) 2- (3x5) Index Cards 100 ct. 1- Box of Zip Lock Bags (Gallon Size) 1- Box of Sandwich Bags 6- Primary Writing Tablets 1-Hand Sanitizer 1- Drawing Pad 2- Book Covers 100 ct. Styrofoam or heavy duty chinet type paper plates 1- Pack of Twist Crayola Crayons 1-12" Inch/Centimeter Ruler 1-Clorox Wipes 1-pk. of White Copy paper	4- Boxes of Kleenex 5- Glue Sticks 1- 12" Inch/ Centimeter Wooden Ruler 1- Pack of Twist <b>STAPLES BRAND</b> Crayons 7 x 5 Pencil Box 3-folders w/2 pockets 1- Box of Zip Lock Sandwich Bags 1- Box of Hefty One-Zip (Gallon Size) 1- Pack of Loose Leaf Paper(Wide Rule) 1- Pack White Copy Paper Book Bag 4- Packs of Index Cards 100 ct. 3x5 (No Regular Markers) 4- Composition Books (1- colored & 3- black and white) 3- Packs of Pencils 3- Pink Easers (lg.) NIV Bible 1- Pack of Multi. Color Construction Paper 1- Hand Sanitizer 2- Book Covers (Spandex Sleeve) 100 ct. Styrofoam or heavy duty chinet type paper plates	3- Boxes of Kleenex 12- Glue Sticks Scissors 1- 12" Inch/Centimeter Ruler 1- Pack of Twist Crayons <b>STAPLES BRAND</b> 2- Boxes of Zip Lock Bags (Quart Size) Book Bag 2- Composition Book 2 or 3- Packs of Pencils 3- Pink Erasers NIV Bible 2- Hand Sanitizers 2- Pack of White Copy Paper 100 ct. Styrofoam or heavy duty chinet type paper plates 1- Pack of Construction Paper 2- Containers of Sanitizer Wipes 1- Pack of Loose Leaf Paper 2-Rolls of Paper Towels 4-Plain folders with pockets: yellow, orange, green & red

## 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, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> 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 L.C.S.*

\_\_\_\_\_ *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

*"You are the light of the world..." Matt. 5:14*