

2022 – 2023 New Student Application

Dear Prospective LCA Parents,

Thank you for your interest in Lakeside Christian Academy. As we continue to grow numerically and in the scope of the academic and athletic programs we offer, we feel it is important for us as a school family to center ourselves on the philosophy and mission of our school. Should you have any questions relating to this mission and philosophy, do not hesitate to ask. We look forward to discussing these with you. We request that each new family meet with our School Administrator to discuss your application and how we can meet your family's needs. Kindergarten and grade school students will also go through a grade appropriate evaluation with their new teacher.

Sincerely,

Teachers, Staff & Board of Directors

School Mission Statement

The purpose of Lakeside Christian Academy shall be to operate an independent Christian school that provides a creative, loving, and academic environment for children to grow spiritually, socially, emotionally, physically, and academically through individual and group learning experiences under the guidance and nurture of carefully chosen Christian teachers, and administrators, under the Lordship of Jesus Christ. It shall be the purpose of LCA to encourage all students to grow in a personal relationship with Jesus Christ and to emphasize the value of the eternal soul, the worth of the individual, the love of God for man, and the kinship of all peoples as taught in the Holy Scriptures, while providing students with the opportunity for achieving academic excellence. The mission of LCA is to present the whole truth, for the whole person, for the whole life, under the Lordship of Jesus Christ for the glory of God.

School Philosophy Statement

LCA shall provide each student the opportunity to study and develop the student's spirit, mind, and body in a wholesome, Christian environment. Being Christian in nature, LCA shall be directed toward instruction concerning God's will for each person and shall teach that all truth is divine of origin. Knowledge to choose between good and evil, based upon God's Holy Word, shall be imparted to each child. Those serving LCA in any capacity, whether in administration, on the faculty, on the staff, Board of Directors, or as a volunteer shall subscribe to LCA's philosophy of providing a high quality, Christian education in a Christian atmosphere. The establishment and subsequent operation of LCA shall be successful only when done in accordance with God's will and for His honor and glory.

Believe. Serve. Achieve.

2022 – 2023 Tuition & Fees

Kindergarten – Fifth Grade

Grade	Tuition	Curriculum Fee Due by September 8 th
Partial Day Kindergarten 8:00 am – 1:00 pm	\$4,782.00 / \$398.50 monthly*	\$150.00
Full Day Kindergarten	\$5,564.00 / \$463.67 monthly*	\$150.00
1 st – 5 th Grades	\$5,694.00 / \$474.50 monthly*	\$300.00
Application Fee (new families only) - \$25.00		Registration Fee: \$150.00 (by April 28 \$100)

* Monthly payments require an ACH Withdrawal Agreement set up on a 9, 10, or 12-month schedule. **Twelve-month payment shown.**

Middle School

Grade	Tuition	Curriculum Fee Due by September 8 th
6 th – 8 th Grades	\$5825.00 / \$485.42 monthly*	\$300.00
Application Fee (new families only) - \$25.00		Registration Fee: \$150.00 (by April 28 \$100)

* Monthly payments require an ACH Withdrawal Agreement set up on a 9, 10, or 12-month schedule. **Twelve-month payment shown.**

High School

Grade	Tuition	Curriculum Fee Due by September 8 th
9 th – 11 th Grades	\$5,955.00 / \$496.25 monthly*	\$300
12 th Grade	\$700 per class taken on LCA Campus	As needed per class
Application Fee (new families only) - \$25.00		Registration Fee: \$150.00 (by April 28 \$100)

* Monthly payments require an ACH Withdrawal Agreement set up on a 9, 10, or 12-month schedule. **Twelve-month payment shown.**

ALUMI DISCOUNT: Families that have at least one parent that graduated from Lakeside Christian Academy, will qualify for a 10% discount on tuition.

MULTI-STUDENT DISCOUNT: Families that enroll two or more students at LCA will receive a 15% tuition discount for each additional student. The student in the highest grade is always considered the first student.

EARLY PAYMENT DISCOUNT: Families that pay for the entire year by August 10th will receive a 5% discount.

FULL TIME MINISTRY DISCOUNT: Parents/guardians employed by a church in **full-time vocational ministry** for the purposes of payroll and benefits reporting by the by-laws or regulations of the church, denomination, conference, etc. may apply for this discount. These applications must be completed yearly and will be subject to availability based on the Board of Director's approval.

Notice of Student Non-Discriminatory Policy

Lakeside Christian Academy admits students of any race, color, national and ethnic origin, and grants them all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color national or ethnic origin in administration of its educational policies, admission policies, athletics, and other school-administered programs.

New Student Information

STUDENT INFORMATION

Name: _____
LAST FIRST MIDDLE Social Security Number

Home Address: _____
STREET CITY STATE ZIP

Home Phone: (____) ____ - ____ Grade: _____ Date of Birth: ____/____/____ Male Female

What is the name of the church your family is currently attending? _____

How did you hear about Lakeside? TV Ad Newspaper Facebook Other _____.

Has this student ever repeated or been retained in any grade? No Yes

If Yes, which grade? _____ Please explain: _____

Has this student ever been expelled, suspended, or have you ever been notified of behavioral problems?
 No Yes If Yes, give the name of the school and the details. _____

Has this student ever been evaluated or referred for evaluation of learning difficulties or school adjustment problems (ie: I.E.P., 504, ...) by a school official, psychologist, or other professional? No Yes
If Yes, give the name of the school and the details. _____

How would you rate your child's health? Excellent Good Fair

List any mental, emotional or physical handicaps which may affect the child's activities or progress.

Does the applicant regularly require any medication? No Yes If Yes, please explain.

Don't let anyone look down on you because you are young, but set an example for the believers in speech, in life, in love, in faith, and in purity. I Timothy 4:12



LAKE SIDE CHRISTIAN ACADEMY

2535 US 60 W | 606.784.2751 | lakesidechristianacademy.org

FAMILY INFORMATION

Check any that apply: *Applicant lives with*

Father Stepfather Name of Stepfather: _____

Mother Stepmother Name of Stepmother: _____

Check any that apply: *Applicant's*

Father is deceased Parents are divorced

Mother is deceased Parents are separated

To whom should correspondence be sent? Both parents Father Mother

Parent(s) with whom child lives			
<u>Circle One</u>			
Father/Stepfather's Name: _____			Nickname
<u>Circle One</u>			
Mother/Stepmother's Name: _____			Nickname
Home Address: _____			
Street	City	State	Zip
Home Phone: (____) ____ - ____		Email Address: _____	
Father / Stepfather's Occupation: _____			
Business Information:			

Name	Street Address	City	State & Zip
Work Phone: (____) ____ - ____		Cell Phone: (____) ____ - ____ Email: _____	
Mother / Stepmother's Occupation: _____			
Business Information:			

Name	Street Address	City	State & Zip
Work Phone: (____) ____ - ____		Cell Phone: (____) ____ - ____ Email: _____	
Parent(s) with whom child does NOT live (if applicable)			
<u>Circle One</u>			
Father/Stepfather's Name: _____			Nickname
<u>Circle One</u>			
Mother/Stepmother's Name: _____			Nickname
Home Address: _____			

Believe. Serve. Achieve.



Sibling Information

Name: _____ Age: _____ Current School: _____

Applying to LCA? No Yes

Name: _____ Age: _____ Current School: _____

Applying to LCA? No Yes

Name of relatives who attend or are employed by Lakeside Christian Academy:

Name: _____ Relationship: _____

ADDITIONAL INFORMATION

Why do you want your child to attend Lakeside Christian Academy?

What expectations do you have of your child as a student here?

Believe. Serve. Achieve.

STUDENT INFORMATION

Student Name _____ Birthdate ____ / ____ / ____
Last First Middle Month Day Year

Preferred/Nick Name _____ SSN: _____

Contact Information:

Street Address _____ City _____ State ____ Zip _____

Grade Entering ____ Home Phone (____) ____ - ____ E-Mail Address _____

Father's Name _____ Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Mother's Name _____ Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Emergency Contact:

Name _____ Work Phone No. (____) ____ - ____ Cell Phone (____) ____ - ____

Student's Physician _____ Phone (____) ____ - ____

Media Release:

My child's picture **may** / **may not** be taken for school use such as website, advertisement, newspapers, etc.

PAYMENT INFORMATION

We provide 3 *different* options for you to pay your tuition. ***Please check which method you will use:***

- Monthly (must fill out attached Credit Card Agreement)
- Semesterly (due in 2 equal payments during the 1st week of August and January)
- Annually (must be received by August 10th to receive the 5% Early Pay discount)

APPLICATION CHECKLIST

The following documentation should accompany this application:

- Birth Certificate
- Credit Card Agreement (*if applicable*)
- Medical Treatment Consent Form
- Authorization for Child Pick-up
- Parent Covenant
- Curriculum Fee
- Application Fee of \$25.00
- Registration Fee of \$150.00 per child

Consent to Medical Care and Treatment of Minor Child

Child's Name: _____

I am the natural parent/legal guardian of the above named child and I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my right of informed consent to such treatment.

Father's Signature: _____
Date

Mother's Signature: _____
Date

Insurance Provider: _____

Policy Holder Name: _____

Group #: _____

ID #: _____

Preferred Hospital: _____

You have my permission to obtain my child's immunization records from

_____.

Please list any ongoing medical issues or concerns we need to be aware of (i.e. any type of allergies, asthma, etc.):

Authorization for Child Pick-up

We understand that children may be picked up by adults, other than their parent and/or guardian. In order to protect your child, we are asking that you let us know, in advance, if you will have someone picking your child up from school or a related function. You may pre-authorize adults by completing the information below.

Please let the authorized person know that photo identification may be required if a staff member is unfamiliar with them.

Student's Name: _____ Grade: _____

Address: _____ City: _____ State: _____

Mother's Work Phone: (____) ____ - _____ Mother's Cell Phone: (____) ____ - _____

Father's Work Phone: (____) ____ - _____ Father's Cell Phone: (____) ____ - _____

Authorized Person(s):

- | | | |
|----|---|--|
| 1. | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 2. | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 3. | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 4. | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 5. | Authorized Person's Name (Please print) | Relationship to child & Contact Number |
| 6. | Authorized Person's Name (Please print) | Relationship to child & Contact Number |

I/We authorize the above person(s) to pick up my child from school. I/We understand that permission will be in place until a change is communicated, in writing, to the school.

Parent Signature Date

Parent Covenant

The School Board and Administration of Lakeside Christian Academy encourage our parents to join together, pledging to uphold this covenant in order to glorify God through families, teachers, and students that embody His grace. At least one parent must pledge support of this covenant.

I/We as parent(s) understand, agree, and will commit to the following statement of support:

1. To guide our children through a biblical worldview, recognizing LCA as a supportive partner. (Deuteronomy 6:5-7; Colossians 2:8; Matthew 22:37)
2. To pray earnestly for LCA, its families, faculty, staff, and administration. (James 5:16)
3. To serve the school in whatever capacity, with my time, and talents. (Mark 10: 43-45)
4. To preserve unity in the body by seeking to resolve any conflict within LCA by first appropriately addressing the matter with the person, or persons, directly involved. (Matt. 18:15-17)
5. To look for the good in our children's behavior and to praise them for demonstrating Christ-like character. (I Corinthians 13:4-7)
6. To communicate lovingly to other parents when we have valid concerns about their child's behavior, so that each of us as parents may guide our child to grow in Christ-like character. (Colossians 3:12-17)
7. To attend school-related functions designed to foster a sense of community among LCA parents, teachers, and staff. This will help equip all of us to work within the school and one another, to educate our children, and to be more unified in our ability to encourage one another in this high calling. (Hebrews 10:25)
8. We agree to be responsible for all financial obligations to Lakeside Christian Academy as stated in the ***Credit Card Agreement***. **We understand that if we withdraw our student during a semester, we are still required to pay the remaining semester's tuition.** Families who are delinquent in keeping their accounts up-to-date may be asked to withdraw their child until accounts are in order. (1 John 2:5)

Parent Signature

Date

Parent & Student Agreement

Please read our school handbook then place a check mark in the space beside each statement to indicate your agreement.

- We/I accept the challenge to “train up a child in the way he should go” (Proverbs 22:6) and state this training will carry on in the home. We place our trust in Lakeside Christian Academy (faculty, staff, and administration) to extend that training completely.
- We/I acknowledge that we have read the Parent-Student Handbook and agree to uphold all standards and regulations therein.
- We/I pledge to support the school by praying for its program, staff, and by supporting the procedures and discipline policies of the school.
- We/I agree to promote the spirit of unity within the ministry of the school. That is, we agree that if in need of help with a school problem, we will follow the procedure outlined in the Conflict Resolution Policy in the school handbook.
- We/I agree (parents only) to be responsible for all financial obligations to Lakeside Christian Academy as outlined in the Tuition & Fees Policies in the school handbook. Furthermore, we understand that if we withdraw our student during a semester, we are still responsible for the remaining balance of tuition for that semester.
- We/I agree (student(s) only) to submit to the teachers, staff, and administration leadership of Lakeside Christian Academy and do my part to take advantage of the superior opportunity I have been given to obtain a first-class education in a Christian environment.

Parent(s) Signature

Date

Student(s) Signature

Date

****All of our Handbooks are available on the school web site and in the school office****

Believe. Serve. Achieve.

Financial Information

Afterschool

All students are charged \$10 a day for first child and \$5 for each additional child for afterschool. This starts at 3:30 and is available until 5:30. An additional \$1.00 will be charged for **EVERY MINUTE** a child is left in afterschool past 5:30. These charges are billed at the beginning of the preceding month and **will** be taken out of your ACH.

Lunch

Lunches are \$4 for **ALL** students (Preschool through 12th grade) if not enrolled in a meal plan. The lunch charges are put into the computer daily and weekly emails are sent out with your family balance.

· *There are additional charges for any extra items your child(ren) may get during this time regardless of chosen meal plan.*

Meal Plans: Annual Plan: \$500 paid by the first day of school. (Makes the daily rate \$3.03)
 Semester Plan: \$268.13 (due 9/6 & 1/2. Makes daily rate \$3.25)
 Monthly Plan: \$59.58 (annual amount broken down into 9 monthly payments at the daily rate of \$3.25 and **will** be taken out of your ACH). If you do not have an ACH, monthly plans **must** be paid by the 1st of each month or your child(ren) will be charged the full rate of \$4 per day for that month.
 (**Disclaimer-** Due to food pricing increases totals are subject to change at any time.)

Tuition

Tuition may be paid through the following options:

Annually (due 8/10 for 5% discount or by first day of school), By **Semester** (due 9/6 & 1/2), **Lump Sums***, **Monthly in office***, and **Monthly with ACH** (a new form must be signed each year).

*In office payments and lump sum payments must be up to date (1/2 tuition paid) by 12/16.

Financial Responsibility

If multiple households are financially responsible, please sign below and list the percentage for which each party is responsible.

 Financially Responsible Party
 Tuition: _____%
 After Care: _____%
 Lunch: _____%
 Fees: _____%

 Financially Responsible Party
 Tuition: _____%
 After Care: _____%
 Lunch: _____%
 Fees: _____%

Credit Card Agreement

I (we) hereby authorize Lakeside Christian Academy, hereafter called COMPANY, to initiate entries to my (our) Account indicated below at the Financial Institution named below, hereafter called (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Card Number

Tuition Monthly Options:
(please choose one)

- 9 Month
 12 Month

Zip Code

Monthly Charges:

Tuition – Monthly Semesterly Annually

Lunch- Daily Monthly Semesterly Annually

After School- Daily

Exp Date

CVV

This authorization is to remain in full force and in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Signature: _____
Date

ADMINISTRATIVE FEE NOTICE:

A *one-time* \$35.00 fee will be added to your first month's payment in order to cover the cost of administering your monthly payment plan.

Student Records Release Authorization

Previous School: _____

Street Address: _____

City/State/Zip: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

Dear Administrator/Registrar:

The following student has enrolled in our school. Please forward his/her cumulative records to Lakeside Christian Academy. Please include all report cards, test scores, health/immunization records, and any special program needs.

Student Name	Age and Date of Birth	Grade at Withdrawal	Current Grade

I give my permission for the above records to be released.

Parent/Guardian name (please print)

Signature of Requesting Registrar

Parent/Guardian Signature

Date

PLEASE DELIVER RECORDS TO:

Lakeside Christian Academy
2535 Us 60 West
Morehead, KY 40351
PH (606) 784 – 2751 FAX (606) 784 – 0056

Believe. Serve. Achieve.