



# LOUDONVILLE CHRISTIAN SCHOOL

## *Pre-Kindergarten*

Welcome to Loudonville Christian School! At LCS, we desire to partner with you in the growth and development of your child. The LCS Pre-Kindergarten program provides a loving and safe environment and offers choices in schedule that work for your family.

- 5 FULL DAYS – 7:55 am to 3 pm Monday through Friday
- 3 FULL DAYS – 7:55 am to 3 pm Monday, Wednesday, and Friday
- 5 MORNINGS – 7:55 am to 12 pm Monday through Friday
- 3 MORNINGS – 7:55 am to 12 pm Monday, Wednesday, and Friday

### ADMISSIONS PROCEDURE

#### Step 1: Application Process

- a) Complete and sign the application(s) and return together with \$35 application fee(s) and all required materials to the Admissions Office.
- b) For **each** student applying the following information is **required**:

**Please check off** as you complete each requirement and then submit with the Application\*

- \_\_\_\_\_ Pre-Kindergarten Application with \$35 Application fee
- \_\_\_\_\_ Pre-Kindergarten Questionnaire
- \_\_\_\_\_ Copy of a Birth Certificate (**students are required to be age 4 by Sept. 1**)
- \_\_\_\_\_ Immunization records
- \_\_\_\_\_ Current Physical Form, **signed by your physician**
- \_\_\_\_\_ Teacher Recommendation Form for Prekindergarten (if applicable)
- \_\_\_\_\_ Family Emergency Information (one per family)

#### Step 3: Registration

Once an admission decision is made, families will be notified and given registration materials.

#### Step 4: Enrollment

After a deposit is made and registration complete, students are enrolled and ready to attend!

\*A completed application is not a guarantee of admission, but only a request for admission consideration



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## PRE-KINDERGARTEN APPLICATION

- ❖ LCS is a Christian school; teaching and activities focus on Biblical themes and principles
- ❖ Children must be four years old on or before September 1<sup>st</sup> of the year in which they enter PK.
- ❖ Children should be able to communicate in English and must be toilet trained.
- ❖ Please refer to the "checklist" for the documents you will need to submit as part of the application.

*Loudonville Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.*

The Application Fee of \$35.00 is attached: \_\_\_\_\_ Today's Date \_\_\_\_\_

I have been referred to LCS by: \_\_\_\_\_

*This non-refundable fee will be deducted from your tuition deposit when you register your child.*

\*\*\*\*\*

School year applying for: \_\_\_\_\_ School District you reside in: \_\_\_\_\_

Applying for: 3 mornings (7:55 a.m. – Noon) \_\_\_\_\_ 3 full days (7:55 a.m.-2:48 p.m.) \_\_\_\_\_  
5 mornings (7:55 a.m. – Noon) \_\_\_\_\_ 5 full days (7:55 a.m.-2:48 p.m.) \_\_\_\_\_

Child's Name: \_\_\_\_\_ M/F \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Work: \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Step Parent (if applicable) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Work: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Step Parent (if applicable): \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is this your child's first experience with school? \_\_\_\_\_

If no, where has he/she attended? \_\_\_\_\_

Does your child have a medical condition or food allergy? \_\_\_\_\_ Please explain and indicate any care or medication needed:

\_\_\_\_\_ Over \_\_\_\_\_  
Is your child receiving special services at this time? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_ If yes, please explain

Church Home (if applicable) \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Other children in your family:

By signing below, I am giving permission for Loudonville Christian School to contact my child's current or previous school and for that school to release any requested materials.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Loudonville Christian School is a religious institution providing an education in a distinct Christian environment, and believes that it's biblical role is to work in conjunction with the home to mold students to be Christ-like. When the atmosphere or conduct within a particular home is counter to or in opposition to the biblical lifestyle the school teaches, the school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student. This includes, but is not necessarily limited to, living in, condoning, or supporting sexual immorality; practicing homosexual lifestyle or alternative gender identity; promoting such practices; or otherwise having the inability to support the moral principles of Loudonville Christian School (Romans 1:27, Matthew 19:4-6). My signature affirms that I have read this statement and that I agree to have my child(ren) trained by the school in accordance with it.

Parent Signature: \_\_\_\_\_

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## PRE-KINDERGARTEN QUESTIONNAIRE

To serve you and your child at Loudonville Christian School Prekindergarten, there are some questions and parental insights that will help assure an easy transition into the classroom. Please be candid to enable us to get a full picture of your child's experience and developmental progress.

**Child's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**What are your child's favorite activities?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have opportunities to play with other children?**

\_\_\_\_\_ **How often?** \_\_\_\_\_

**How many hours a day does your child spend watching television or videos?** \_\_\_\_\_

**Does he or she sit very close to the TV? \_\_\_\_\_ Does he or she turn the volume very high? \_\_\_\_\_**

**If yes, please comment:** \_\_\_\_\_

**Is your child comfortable being away from you for an entire day?**

\_\_\_\_\_ **Please comment:** \_\_\_\_\_

**Do you have any concerns about your child's sleeping patterns (going to bed with difficulty or waking often during the night)?**

\_\_\_\_\_ **If yes, please comment:** \_\_\_\_\_

**Is your child toilet trained during the day?**

**Is your child in need of help with toileting (wiping etc.) or dressing?**

**Does your child play with blocks, boxes, cups or other construction toys**

**Without direct adult involvement?**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child enjoy playing alone or with imaginary friends?**

**Does your child use crayons and/or markers to scribble or draw?**

**Has your child had any experience cutting paper using art scissors?**

**Does your child enjoy listening to stories being read aloud?**

**Does your child turn pages of a book and look at pictures?**

**Does your child speak in complete sentences?**

**Does your child attempt to write his or her name correctly?**

**Does your child recall stories or events?**

**Does your child follow simple directions without repetition?**

**Does your child have the ability to express ideas and feelings to adults other than parents? \_\_\_\_\_**

**Does your child listen and respond immediately to adult authority?**

**Inconsistently          Often          Consistently**

**Please comment: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**Has your child had experience sitting quietly for short periods of time under direct instruction? \_\_\_\_\_**

**Please comment: \_\_\_\_\_**

\_\_\_\_\_

**Can he or she accept minor disappointments, frustrations, or limits without tears?**

\_\_\_\_\_

\_\_\_\_\_

**\_\_\_\_\_ Has your child been professionally evaluated by a specialist, other than a pediatrician? \_\_\_\_\_ (optional information)**

**Please comment: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**\_\_\_\_\_ Has your child, received services for OT, PT, Speech, or other? \_\_\_\_\_**

**Please specify and describe \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your child had a major life altering experience that you believe we should know about? \_\_\_\_\_**

**death \_\_\_\_\_ divorce \_\_\_\_\_ medical \_\_\_\_\_ recent move \_\_\_\_\_**

**other \_\_\_\_\_**

**How has this experience impacted your child?**

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**Describe your child's temperament:**

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***Check all that describe your child.***

**very quiet.▣ sometimes shy.▣ somewhat active.▣ highly active.▣  
friendly.▣ cautious.▣ risk-taker.▣ talkative.▣  
aggressive.▣ curious.▣ moody.▣ creative.▣**

**2017-2018 LCS EMERGENCY INFORMATION FORM**  
**Please return to the School Office, not the classroom teacher**

**FAMILY LAST NAME (please print):** \_\_\_\_\_

**Consent:**

Knowing that from time to time illnesses and/or accidents occur, I understand that school officials will make every effort to contact me if my child is sick or injured. However, if the school is unable to reach me in a medical emergency, I give permission to the school to call paramedics or any licensed physician or dentist. I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

\*\*\*\*\*

Name of children attending LCS:	Grade:	Health Concerns:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*In the case of sickness or emergency, which parent/guardian should we contact FIRST:**

<b>Parent/guardian</b>	<b>Parent/guardian</b>
<b>#1:</b> _____	<b>#2:</b> _____
Home Phone: _____	Home Phone: _____
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____
Cell Phone: _____	Cell Phone: _____
<b>Email:</b> _____	<b>Email:</b> _____

List TWO people who have permission to pick up your child when you are unavailable:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

\*\*\* WEATHER- RELATED OR EMERGENCY EARLY DISMISSAL \*\*\*

**ALL STUDENTS WILL TAKE THE BUS HOME AS USUAL ON AN EARLY DISMISSAL DAY.**  
IF YOUR CHILD IS NOT A BUS RIDER, PLEASE PICK HIM/HER UP NO LATER THAN 3:00 pm.  
NO AFTER-CARE WILL BE PROVIDED IN THE EVENT OF A WEATHER- RELATED OR EMERGENCY EARLY DISMISSAL.

## LCS Photography Release Form for 2017-2018

Please complete the following so we can update our records. Recognize we will never publish personal names of students without your permission.

Having the ability to showcase the day to day affairs through images of LCS is important to the growth of our school. Thank you for helping out in this way!

**Names and grades of Students:**

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I/We grant permission to use photographs of my child(ren) on the LCS website. YES/NO

I/We grant permission to use photographs of my child(ren) on LCS supported social media. YES/NO

I/We grant permission to use photographs of my child(ren) on LCS related promotional materials.  
YES/NO

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_