



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 – 8 am to 3 pm Monday through Friday
- 3 FULL DAYS – 8 am to 3 pm Monday, Wednesday, and Friday
- 5 MORNINGS – 8 am to 12 pm Monday through Friday
- 3MORNINGS – 8 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 1st 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 (8 a.m. – Noon) _____ 3 full days (8:00 a.m.-2:50 p.m.) _____
5 mornings (8 a.m. – Noon) _____ 5 full days (8:00 a.m.-2:50 p.m.) _____

Child's Name: _____ M/F _____ Age: _____ Birth date: _____

Child resides with: _____

Mother's Name: _____ Occupation: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Work: _____

Marital Status _____ Name of Step Parent (if applicable) _____

Father's Name: _____ Occupation: _____

Address: _____

Phone _____ Cell: _____ Email: _____

Work: _____

Marital Status: _____ Name of Step Parent (if applicable): _____

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:

Is your child receiving special services at this time? _____ If yes, please explain

Is there a behavior pattern in your child that is of concern to you? _____ 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?

Describe your child's temperament:

Check all that describe your child.

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

2016-2017 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:**

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

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.