

**Lighthouse Christian Academy
and Bible Institute**

Alton R. Zentner, Pastor/Principal

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Lighthouse
Community
Church

*The Spirit of man is the candle
of the Lord, searching all the
inward parts of the belly.
Prov. 20:27*

Enrollment Agreement

This agreement is required for those parents who wish to enroll their child or children in the LCA 2017-18 academy program or in an alternative program.

Student Information

Name _____ Grade _____ B.D. _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Parents work number _____
 SS# _____ Emergency No. _____
 Church _____ Addr: _____
 Pastor _____ Telephone _____
(A pastor's recommendation may be requested before acceptance is granted for entrance)
 Doctor _____ Telephone _____
 Hospital preference _____
 Other Children:
 _____ BD _____ SS# _____ grade _____
 _____ BD _____ SS# _____ grade _____
 _____ BD _____ SS# _____ grade _____
 _____ BD _____ SS# _____ grade _____

Parents Names _____
 Please print first name only unless last name is different

Tuition for the academic year of 2017-2018 is due and payable at the beginning of the academic year. For the convenience of those parents who wish to pay the tuition in equal installments throughout the year, tuition may be divided into quarterly or ten equal payments. The first payment due August 15th and each subsequent payment is due on the 15th of each consecutive month. By signing below, you agree that enrollment for the academic year represents an obligation to pay tuition for the entire academic year. If for any reason, other than relocation out of the area, your child does not complete the academic year at LCA, you agree by signing below that you will pay tuition for your enrolled child or children for the entire year. No school records (including a diploma) will be released by LCA until all payments are complete. Tuition for the 2017-2018 academic year is \$2700 for the first child; \$2200 for the second; \$2000 for the third; and \$1900 for the fourth. Kindergarten will be based on a rate of \$9.00/half day with the option of either three or five mornings per week. Full day kindergarten will be the full price. Any checks that bounce will have a \$25.00 charge added. If the monthly bill is past due and exceeds the first of the next month, a charge of \$25.00 will be added to your account. Children with an IEP will be billed for services.

Payment Plan (Check) 10 month _____; quarterly _____ yearly _____ other _____

Permission for School Activities

By signing below, I give permission for my child to participate in all school activities, on school premises and away from the school premises, and absolve LCA from liability related to any injuries. If your child has any medical or other restrictions on activities, please check this space ___ and note them on a separate attached document. I give permission to post photos in all publications and web pages. Yes ___ No ___

By signing below, I agree to support the moral and academic standards of LCA both at home and at school. I understand that my child can be dismissed for failure to comply with the standards of the school as outlined in the handbook. In accordance with the zero tolerance policy of the State of Pennsylvania adopted by this school, Feb. 1, 2000, we reserve the right to search desks, backpacks and clothing if a student is acting with suspicious or unusual behavior. If your child has a "Myspace", "Facebook", or other online community account, we ask that we know their ID and that Mr. Masemore is added as a friend.

(Community(s))

(ID)

Check ___ I would like to enroll or re-enroll my student in LCA.

Check ___ I would like to enroll in a home school program for the 2017-2018 school term.

Check ___ My child or children **will not** be returning to LCA in Aug. 2017. Please send all records to _____ upon receipt of a record release.

Important: Please return this enrollment agreement by May 22, 2017. Failure to do so by those currently enrolled will require us to remove your child or children from active enrollment list on file with the Pa. Dept. of Education, we must file a new list each year with the Department of Education and Dept. of Transportation by June 30, 2017. If you have any questions, please contact us at once. A filing fee of \$55.00 will be charged to transfer records after the June 30th deadline.

Probation: All students are on probation for the first six weeks of school during which time their work and behavior is under evaluation. During this time, if you as a parent foresee any problems, this is a good time to discuss them. During this grace period, new students, or students with a hardship, have the privilege to withdraw with a tuition penalty; they would complete payment for the first quarter only to cover expenses.

Insurance: check ___ My child or children are covered with medical or accidental insurance at the parents' place of employment. Company _____ Policy No. _____

check ___ My child or children do not have medical or accident insurance

A. ___ I am interested in a school accident policy. Please send me an application.

B. ___ I am interested in the Pa. State Chip or Access insurance program for my children, please forward the application to me.

C. ___ I am not interested in purchasing an insurance policy through the school or state and assume the responsibility and cost for any injury to my child or children.

My child or children have received all updated immunizations as of 2017 Yes ___ No ___

(Please include record from Dr. or religious exemption form.)

I understand and agree to the terms set forth in the above enrollment form.

Father's signature (Birth parent or legal guardian)

Date

Mother's signature (Birth parent or legal guardian)

Date