

## Enrollment Agreement

### Lighthouse Christian Academy and Bible Institute

Alton R. Zentner, Pastor/Principal

5 E. Penn St., Box 287  
Lyon Station, PA 19536

Phone: 610-682-2109  
Fax: 610-682-0089  
1-888-202-4409  
Cell: 610-334-3337  
Home: 610-944-0946  
E-mail: [zentneral@yahoo.com](mailto:zentneral@yahoo.com)  
[lighthouse19536@yahoo.com](mailto:lighthouse19536@yahoo.com)  
[www.lmchurchacademy.org](http://www.lmchurchacademy.org)

Jacob Masemore-Assistant Pastor  
610-334-9341

This agreement is required for those parents who wish to enroll their child or children in the LCA 2018-19 academy program or in an alternative program.

### Student Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ B.D. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Parents work number \_\_\_\_\_

SS# \_\_\_\_\_ Emergency No. \_\_\_\_\_

Email \_\_\_\_\_

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*



Lighthouse  
Community  
Church

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

*Prov. 20:27*

Tuition for the academic year of 2018-2019 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 15<sup>th</sup> and each subsequent payment is due on the 15<sup>th</sup> 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 2018-2019 academic year is \$2800 for the first child; \$2300 for the second; \$2100 for the third; and \$2000 for the fourth. Kindergarten will be based on a rate of \$10.00/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. We ask that all parents and students who have Facebook accounts "like" our ministry page, and also join our group (Lighthouse Community Church & Lighthouse Christian Academy) where we will post announcements, updates, and school delays. Friend requests between students and teachers will no longer be accepted.

**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 2018-2019 school term.

**Check** \_\_\_ My child or children **will not** be returning to LCA in Aug. 2018. Please send all records to \_\_\_\_\_ upon receipt of a record release.

**Important: Please return this enrollment agreement by May 25, 2018.** 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, 2018. 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 without 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 2018 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