

**Lighthouse Christian Academy
and Bible Institute**

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Enrollment Agreement

This agreement is required for those parents who wish to enroll their child or children in the LCA 2020-21 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 2020-2021 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 2020-2021 academic year is \$2800 for the first child; \$2300 for the second; \$2100 for the third; and \$2000 for the fourth. Half-day kindergarten is \$1800.00, and the three day program is \$1400. 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 2020-2021 school term.

Check ___ My child or children **will not** be returning to LCA in Aug. 2020. Please send all records to _____ upon receipt of a record release.

Important: Please return this enrollment agreement immediately as we have to have the bus forms submitted by June 30th 2020 to ensure transport.

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 2020 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