



## School Year Application

Dear Parent:

Thank you for your interest in Living Water Christian School. Attached to this cover sheet is the application packet you will need to complete in order to register your child.

In addition to the application, you must submit the following documents:

- 1) Registration fee per child (one-week tuition)
- 2) Original Physical (form DH 3040-Florida Department of Health)/ copy acceptable for School –Age Students
- 3) Original Immunization (form DH 680-Florida Department of Health) / copy acceptable for School-Age Students
- 4) Copy of Birth Certificate
- 5) Copy of Parent’s State Identification
- 6) Parent’s written Social Security numbers on application
- 7) Last page of Student/Parent Handbook Signed

All Children in 1 year old through 1<sup>st</sup> Grade must be dressed in uniform (see handbook for details)

If you have any questions regarding the application or other required documents, please call (407) 518-1768.

**\*Registration fees are Non-Refundable**



## **Tuition Sheet**

### **Preschool Cost:**

Registration: \$75.00 (Non-Refundable)

### **Weekly Tuition Costs:**

(Tuition is determined upon the age of the child as of September 1<sup>st</sup> of the current school year)

Pre - K1 \$220 per week (due on the prior Friday)

Pre - K2 \$200 per week (due on the prior Friday)

Pre - K3 \$185 per week (due on the prior Friday)

\*Students in the Pre-K3 class must be potty-trained

Pre - K4 \$175 per week (due on the prior Friday)

Pre - K5 \$175 per week (due on the prior Friday)

\*Students born between February 2 and September 1 that turned 5 can enter the VPK program

VPK Wrap Around \$110 per week (During VPK Days)

### **Elementary ( School Age) Cost:**

Registration: \$150 new students / \$150 returning students

Extended Day Registration:

\$50 new student/ \$30 returning student

### **Monthly tuition Costs for Elementary:**

Elementary \$720 per month

Book Fee \$450 - \$475 (one-time fee) Bob Jones University Curriculum

Test \$165 - \$210 (one-time fee)

Digital \$60 ( one-time fee)

### **Weekly cost:**

Before and After Care : \$60 per week (\$90 per week during Holiday Breaks)

After Care Only : 35.00 per week

Field Trips TBD

**Summer camp: TBD**

**(Ages 5-12 Years, 5 Year olds must have completed Kindergarten)**

### **Late Fees:**

All Weekly Payments are due on Friday; weekly tuition payments received on Monday will incur a \$15 late fee and may prevent your child from staying in school.

All Monthly Payments are due the 1<sup>st</sup> of the month; monthly payments received after will incur a \$15 late fee and may prevent your child from staying in school.

### **Notice:**

All weekly accounts must be current for the child to be accepted in class on Tuesday.

All monthly accounts must be current on the 2<sup>nd</sup> of the month for the child to be accepted in class.



Student Application

School Year 20\_\_ - 20\_\_

Application For: Pre-K1 Pre-K2 Pre-K3 Pre-K4 VPK Only
VPK w/ Wrap Kindergarten 1st Grade 2nd Grade 3rd Grade Summer Camp
Primary Hours of Care my child will need: \_\_\_ am to \_\_\_ pm (estimated drop off and pick up times)
(It is the parent's responsibility to provide any breakfast, AM Snack, lunch, PM snack needed for their child)

Official Use Only: Application Birth Cert. Immunization Physical Parent Authorization
Authorized Pick up & Release Emergency Treatment Copies of Guardian ID SR Cert VPK Cert SUFS Cert
Start Date: \_\_\_/\_\_\_/\_\_\_ Assigned Teacher: \_\_\_\_\_ Withdraw Date: \_\_\_/\_\_\_/\_\_\_

Student's Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: Male Female

Child Resides with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_\_\_

Custody of Child: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_\_\_

\*It is the responsibility of the legal guardian(s) to provide court ordered documentation regarding custody and/or revocation of parental rights\*

FATHER/GUARDIAN

Name \_\_\_\_\_
Social Security \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone # \_\_\_\_\_
Cell Phone # \_\_\_\_\_
Occupation \_\_\_\_\_
Place of Employment \_\_\_\_\_
Work Phone # \_\_\_\_\_
Email \_\_\_\_\_

MOTHER / GUARDIAN

Name \_\_\_\_\_
Social Security \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone # \_\_\_\_\_
Cell Phone # \_\_\_\_\_
Occupation \_\_\_\_\_
Place of Employment \_\_\_\_\_
Work Phone # \_\_\_\_\_
E mail \_\_\_\_\_

Sibling's Names and Ages

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

In the event of an emergency, and the parents listed above cannot be reached, please contact the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_
Address: \_\_\_\_\_

Has your child ever attended a daycare or preschool? No Yes If yes, please provide the name and Phone number of the previous school(s)

Do you attend church? No Yes if yes, where do you attend church? \_\_\_\_\_



Emergency Treatment & Transportation

\_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_
(Child's Name)

Please check and/or list any medical condition your child may have:

Allergies Asthma Diabetes Heart Condition Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

If allergic, what are signs/symptoms of allergic reaction/s?

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

Authorization for Medication

Disbursement of medication sent in from home is as follows: (1) Completion of an Over-the-Counter Medication Authorization Form (2) Medication in the ORIGINAL container - Prescription meds in the original pharmacy labeled container (3) All meds must be delivered by the parent(s) to the office so that an Authorization Form can be filled out. Medications should never be in the possession of the child, in backpack, lunch box, or on person, etc.

Authorization for Emergency Medical Care

I understand that it is my responsibility to see that my child has regular medical examinations as required for attendance at Living Water Christian School and that my child's immunizations are kept current as required by the State of Florida. In case of emergency, I/we authorize any representative of LWCS to present above stated minor to receive any emergency care needed.

I give permission for Living Water Christian School to call my child's physician in case of an emergency.

Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Authorize Ambulatory Transportation Yes \_\_\_ NO \_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On this date, the above person appeared before me and verified that he/she understands and agrees to the above stated parental permission for emergency medical treatment.

Dated the \_\_\_ day of \_\_\_\_\_, 20\_\_\_. Type of ID: Driver's License / Personally Known

Driver's License: State: \_\_\_\_\_ # \_\_\_\_\_ County \_\_\_\_\_

(SEAL)

Notary Public Signature \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



# Parental Authorization and Agreement

\_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Child's Name)

**ENROLLMENT AGREEMENT** \_\_\_\_\_ Parent Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_ Guardian Initials

I understand that my child is being enrolled at LWCS and will be attending programs for the upcoming school year.

**FINANCIAL AGREEMENT** \_\_\_\_\_ Parent Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_ Guardian Initials

I understand that tuition payments are to be paid on a weekly basis and due on the last day of the previous week. LWCS offers Visa, MasterCard, Discover and Debit payments, cash, check and money order payments as well.

I understand that tuition payments that are past due will incur a \$15.00 late fee. All tuition accounts must be kept current. Any payment over 10 days old will result in the removal of your child from the program until all payments, including late fees, are paid in full. I understand that a \$16.00 NSF fee will be charged for all returned checks and after a total of 2 NSF charges due to returned checks, tuition payments must be made by cash or credit. **All registration fees and curriculum/activity fees are non-refundable.**

I understand that the Morning care and After School care programs are additional services. I understand that if my child is picked up after 6:30pm, I will be charged an additional \$1.00 fee per minute up to the 15<sup>th</sup> minute and after the 15<sup>th</sup> minute I will be charged \$5 per minute thereafter.

**PHOTO RELEASE** \_\_\_\_\_ Parent Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_ Guardian Initials

I give my permission for my child's photogram to be taken while he/she is in the care of LWCS personnel. Such images may be posted in classrooms, craft projects, presentations or distributed to staff. I understand that I may terminate this permission at any time in the future.

**VIDEO MONITORING NOTIFICATION** \_\_\_\_\_ Parent Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_ Guardian Initials

I understand that LWCS uses an internal video monitoring security system which is constantly recording and monitoring each individual classroom throughout the school day.

**AUTHORIZATION FOR OBSERVATION AND SCREENING** \_\_\_\_\_ Parent Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_ Guardian

I give my permission for my child to be observed and receive developmental screening which may include vision, hearing, speech, language, motor and developmental skills. I understand that these screenings are to help the teacher plan appropriate activities for my child. I also understand that following these screening the results will be shared with me through a conference.

**PARENTAL PLEDGE AND SUPPORT** \_\_\_\_\_ Parent Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_ Guardian Initials

- I have received the LWCS student/Parent handbook and agree to read it in its entirety, and to adhere to the policies.
- I have received a copy of the DCF brochure "Know your child care facility".
- I have received a copy of the DCF brochure "Child Abuse & Neglect";
- I have received a copy of the DCF brochure "The Influenza Virus Brochure for Parents". **\*\***(During August and September enrollment period.)
- I have read the LWCS student health policy and agree to adhere and follow the practices and policies as stated.
- I have read the LWCS discipline policy and agree to adhere, follow and support the practices and policies as stated.

**I have read, consent to, and support all of the above authorizations, pledges and agreements as stated above and as required by Living Water Christian School handbook, policies and procedures. **\*\*** (By signing this form during August through September, I have received a copy of the Influenza brochure. By signing this form after September Enrollment period, I understand that I will not be receiving a copy of the Influenza brochure.)**

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

4101 Pleasant Hill Road Kissimmee FL 34746

5

P: (407) 518-7217 / F: (407) 518-1817

LWF.SCHOOL

DCF #C09OS0100 / DOE # 6808

REV 4/19SL





## Alternate Permission Form

As the parent, or guardian, of \_\_\_\_\_

I agree to provide this child, each day she/he is at Living Water Christian School with a lunch, which meets the **nutritional needs** for a child of her/his age group and with respect of their **food allergies**. I understand that it is the responsibility of the Center to provide for the pertinent nutrition/dietary information for the child's age group, which is under myplate.gov.

\_\_\_\_\_  
Parent or Legal Guardian Signature

## Child Placement Form

The program and schedule for the Living Water Christian School is designed to meet the needs of children for developmental experiences in all areas of growth within group setting. If, after a reasonable period of time a child is not able to adjust to the demands of the group and the schedule, or if their special needs is not able to be met, the parent may choose or be asked to withdraw the child.

I have read the terms of this agreement, understand and agree to the contents

\_\_\_\_\_  
Parent or Legal Guardian Signature



**Financial Obligation Form**

\_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Child's Name)

\_\_\_\_\_ A Weekly payment plan for tuition is available and is the preferred method of payment. **All payments must be paid on Friday for the following week.**

\_\_\_\_\_ A Monthly payment plan for tuition is available. **All payments must be paid by the 1st of each month.**

\_\_\_\_\_ I am a member, regular attendee (two service times per month) and tithing on a regular basis of Living Water Fellowship to receive a 10% discount off tuition for my child for Preschool. I understand that I must continue to meet these requirements to continue receiving this discount. I also understand that only one discount shall apply to my account.

**Please initial next to each paragraph below:**

\_\_\_\_\_ I understand that a late fee of \$15 will be added to my account if payment is not made by the close of business day on the first day of week, or the first day of the month as applicable to the selected payment plan. I agree to remove my children from the school if my account is not paid in full no later than the third day of non-payment of tuition.

\_\_\_\_\_ I agree to pay full tuition each week regardless of vacation, illness, and/or Holidays and understand that registration fees are non-refundable.

\_\_\_\_\_  
**Parent or Legal Guardian Name (please print)**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

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





**HEALTH AND SAFETY**

\_\_\_\_\_
(Child's Name)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Upon enrollment, each child must have a written statement on file from a licensed Florida physician or authorized agent of a Florida County Health Department stating that the child is in good health or attest that any known medical condition or health problem is under treatment. The following policies must be strictly adhered to.

**Immunization Policy**

Depending on the age of the child the state of Florida requires immunization of all students against Diphtheria, Tetanus, Pertussis (DPT), Trivalent Oral Polio (TOPV) and Measles, Mumps Hepatitis B and Rubella (MMR). A TB skin test may be required by the local county health department. A current record of immunization must be filed prior to the first day of school. Supply on original Florida, completed immunization and medical form, DH 3030 (former yellow form) and form DH 680 (former blue form) signed by a physician. This must be on the Florida official, original, local health form and not a photocopy. This form is valid for two (2) years from the date issuance and is transferable if the child attends another facility. Please note that under certain circumstances a student may not be up to date with vaccinations.

**Notification of Communicable Diseases**

When a child has been diagnosed with contagious illness, the parents must notify the school immediately. The school will then notify parents of the children that may have been exposed to the disease. Children may not return to school unless accompanied by a physician signed release to return.

**Communicable Diseases**

- Chicken Pox, Measles, Mumps, Pneumonia, Whooping Cough, Pinworms, Scarlet Fever, Scabies, Ring Worm, Impetigo, Pink Eye, Head Lice, RSV, Strep Throat

As each child arrives, the teacher on duty will conduct a daily health screening to observe the child for signs and symptoms of illness. Children who have a temperature over 100 degrees, recurrent vomiting, diarrhea or a disease listed on the communicable disease chart, will not be allowed to remain at school and parents will be notified to pick up their child, (within one (1) hour of being notified). While waiting for the parent to arrive the sick child will remain in the designated area away from other children. Students who are sent home due to illness will not be able to return to school for a minimum of 24 hours or until the child is symptom free.

**Medical Emergencies**

In case of minor illness students may be sent to the office where they may receive care. In case of a more serious illness, (head injury, bleeding wound, broken bone) parent will be notified immediately.

Parent/Guardian Signature

Date



**STEPS FOR INAPPROPRIATE BEHAVIOR**

\_\_\_\_\_
(Child's Name)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1. Verbal Warning
2. Contingent Observation: The reflection area: One minute multiplied by child's age
3. Practice Sitting: Reflection area One minute multiplied by child's age however, child is directed to sit or stand at a location that faces away from reinforcing activity so that neither observation nor participation is possible.
4. One or more of the following may be used:
a. Loss of privilege such as free play, special activity, video, etc.
b. Supervised task of picking up trash on the grounds.
c. Sent to another teacher's classroom for 15 minutes, as long as the pupil/teacher ratio is followed.
d. Documented as an incident and filed with student's file.
5. Sent to the School Office for counseling and exclusion time out
6. Sent to Living Water Fellowship's Pastoral Ministries staff for counseling and prayer.
7. Formal letter to the parent/guardian informing of continued misconduct and requesting assistance in the matter.
8. Conference with parents, administrator and teacher.
9. One (1) day suspension
10. Two (2) day suspension
11. Recommendation that the student be expelled from the school after the above steps have been followed.

NOTE: All students will be on a 30-day probationary period for any behavioral concerns. In the case of a serious misconduct issue, steps 1-8 may be passed. Any student suspended for behavior of disciplinary reasons will be billed during the suspension period.

Parent/Guardian Signature

Date



**Release of School Records and Recommendation Form**

In order to process the student’s application, it is necessary to obtain information from the previous school child/children attended. We will be requesting a copy of the students record as well as obtaining a recommendation from the Principal/Director/Teacher. We will be verifying the following information:

- Payment Records
- Parent interaction with school and staff
- Student interaction with school and staff

This will help us to ensure our facility can provide a successful academic experience for your child. Please complete the form below and sign in authorization section. In addition, by signing this form you give permission for personnel to have access to the child’s records.

School or Daycare Name:

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Address:

City:

Phone:

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I hereby authorize the release of information requested on the Student Recommendation Form as well as a copy of my child’s school record.

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Print Name of Parent/ Legal Guardian

Signature of Parent/ Legal Guardian

Date:

Name of Student: \_\_\_\_\_