



Registration Packet

Student Name: _____

1220 20th st, Santa Monica CA 90404

Phone: 310-829-1741

Fax: 310-453-2743

www.lighthousechurchschool.com

lighthousechurchschool@gmail.com

Lighthouse Church School Grades K-8th Student Registration Form

Dear Parents,

Welcome to the new school year at Lighthouse Church School! We are excited to embark on this journey with you and your child. We are committed to guiding students in knowing, living, and sharing the Word of God.

To ensure a smooth and organized start, please submit the required registration packet and documents for each child before the first day of school. Only copies of documents are needed; please do not submit originals.

Required Registration Forms:

- Basic Information
- Release Authorization
- Tuition Agreement
- Fundraiser Agreement
- School Handbook Agreement
- Authorization to Treat a Minor

Supporting Documents Needed:

- Copy of Birth Certificate
- Copy of Immunization Record
- Oral Health Assessment Form

Fees:

- **Registration Fee:** \$600 (non-refundable)
- **Monthly Tuition:**
 - K-5th Grade: \$600 (September-June)
 - 6-8th Grade: \$650 (September-June)

Please note that new kindergarten and transfer students must complete a mandatory assessment before school begins. The evaluation fee is \$75 (non-refundable).

Thank you for your cooperation and commitment to our shared mission. We look forward to a fantastic year ahead!

Sincerely,

Mrs. Annie Cho

Principal

Lighthouse Church School

Basic Information

STUDENT INFORMATION

LAST name: _____ FIRST Name: _____ Middle Name: _____

Applying to Enter Grade: _____ For School Year: _____ Date of Application: _____

Date of Birth: _____ Place of Birth: _____ Male/Female: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Occupation or Name of Employer: _____

Phone (work): _____ Phone (cell): _____

Email: _____

Mother/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Occupation or Name of Employer: _____

Phone (work): _____ Phone (cell): _____

Email: _____

Parent's Marital Status: Married Divorced Other: _____

With whom does the student reside? _____

With whom should correspondence be sent to? Father Mother Both

List Siblings: Name Age Grade Current School

Applicant's Current School: _____

School Address: _____

School Phone Number: _____ Current Grade: _____

Has your child ever repeated a grade? _____ which grade was repeated? _____

Has your child ever been referred to, enrolled in, or attended a program for learning difficulties, testing, special education, or had an I.E.P. evaluation? No Yes.

(If yes, please explain and submit a copy of the I.E.P)

RELEASE AUTHORIZATION

The undersigned legal guardian(s) of the above-named student do hereby authorize and consent to the release by The Lighthouse Church School of said student to the following persons: (List full name for each person. A telephone call is not sufficient for the school to release a child to someone other than the named individuals below. You must email us or send a signed and dated note.)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____ []

My child may leave the school property during and at the end of the school day (initial) _____

It is hereby acknowledged and further agreed by the undersigned that the Lighthouse Church School will not, under any circumstances, release said child to anyone other than who are named above unless instructed otherwise by the undersigned.

Signature of Father or Guardian: _____ Date: _____

Signature of Mother or Guardian: _____ Date: _____

Tuition Agreement Form

I agree to pay Lighthouse Church School (Santa Monica Foursquare Church) a monthly tuition fee of \$600/\$650/_____, due on or before the first day of each month or the next available school day, for ten consecutive months (September - June) of the school year _____. This payment covers the education of my student. If I choose to withdraw my student from the school, I will provide a 30-day notice.

Additionally, I agree to pay the annual registration fee of \$600 upon enrollment or re-enrollment.

I understand that failure to pay any outstanding fees or tuition may lead to consequences such as withholding of records, additional fees, penalties, and possible separation of my student from the school. Unpaid balances may be referred to attorneys or collection agencies, and I will be responsible for any related costs.

Student Name: _____ Parent Name: _____

**Signature of
Parent/Guardian**

Date

Fundraiser Participation Agreement

I hereby agree to participate in the fundraisers organized by The Lighthouse Church School. I understand that to maintain affordable tuition, the school will hold various fundraisers throughout the year. Among these, three fundraisers are mandatory, and my child will be required to take part in them. Should I wish to be exempt from these mandatory fundraisers, I will submit a payment of \$100 per fundraiser, totaling \$300, to The Lighthouse Church School. Failure to participate in each fundraiser will result in a \$100 exemption fee per event. I acknowledge that failure to make these payments may lead to the possibility of my child's expulsion from the school.

Signature of Father or Guardian: _____ Date: _____

Signature of Mother or Guardian: _____ Date: _____

Student Handbook Acknowledgment Form

Student's Name: _____

Grade: _____

Parent/Guardian's Name: _____

Email Address: _____

Phone Number: _____

Date: _____

Acknowledgment of Receipt and Understanding

I, the undersigned, acknowledge that I have received and reviewed a copy of the Lighthouse Church School Student Handbook. I understand the policies, procedures, and expectations outlined in the handbook and agree to abide by them.

Please check the following:

- I have received a printed copy of the student handbook.
- I have reviewed the student handbook online.
- I understand the rules and policies described in the handbook.

Additional Comments or Questions: _____

Signature of Parent/Guardian		Date	
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For School Use Only:

Received By: _____

Date: _____

Notes: _____

AUTHORIZATION TO TREAT A MINOR

No student is admitted to school without the following:

- Authorization to Treat a Minor:

I/We, the undersigned parents or legal guardians of a minor, hereby consent to and authorize The Lighthouse Church School to call an emergency ambulance and arrange for necessary medical, surgical, and dental care if I/we am not immediately available. I/We also authorize any member of the Medical Practice Act or a licensed dentist on staff at any licensed acute general hospital to administer X-rays, anesthetics, and medical or surgical treatment as deemed necessary. This authorization is provided in advance of any specific diagnosis or treatment. Efforts will be made to contact me/us before treatment is administered, but I/we understand that treatment will not be withheld if I/we cannot be reached. I/We acknowledge that I/we am financially responsible for any medical treatment authorized by The Lighthouse Church School. I/We also accept full responsibility for any injuries my child(ren) may sustain while at The Lighthouse Church School or off the premises. I/We confirm that my child(ren) is/are cleared to participate in physical education and school sports, or I/we will provide a letter from a physician explaining any restrictions. Any medical excuse must be sent directly to the school with details on the duration of the inability to participate. If my child has any food or drug allergies or requires medication during school hours, I/we will notify the office or teacher before the first day of school or their return.

- TB Skin Test:** All students entering a L.A. county school for the first time must present evidence of a tuberculosis skin test (Mantoux) and receive this test annually.
- Written Immunization Record:** Students entering a California school for the first time on or after March 5, 1986, must provide a written immunization record showing the date (at least month and year) of each required vaccine dose, or an exemption to the immunization requirements.
- Health Physical:** All students entering school must have had a complete doctor's physical examination within one year of admission.
- Allergy:** Does your child have any known food or drug allergies?
- No
- Yes, if so please explain:

If your child has a known allergy, please provide two EpiPens: one for the classroom and one for the office.

- Does your child have any physical handicaps? _____
- Has your child's school attendance ever been interrupted for a period of a month or more due to medical reasons? Approximate dates and details: _____
- Has your child ever had surgery? _____
- Is your child currently under medical treatment? Reasons, medications prescribed, and names and contact information for doctor(s) rendering treatment: _____
- Has your child ever been treated by a psychiatrist/psychologist? Dates of treatment, treating physician and contact information, medications prescribed: _____

In case of emergency and you cannot be reached, who should be contacted?

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Insurance Information: Must be completed for school admittance.

Insurance Company Name: _____ Policy #: _____

Subscriber Name: _____ Relationship: _____

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

- Release of Liability. I assume full responsibility for my child after they leave the school premises; this includes field trips. I have answered the questions accurately and certify that no information has been withheld or misrepresented. I understand that discovery of substantial falsification or omissions can result in immediate dismissal. The student is a normal child who is a safe companion for other children.

Signature of Father or Guardian		Date	
Signature of Mother or Guardian:		Date	