



Registration Form

Academic Year: [_____]

Welcome to Lighthouse Church School!

We are excited to have you as part of our school community. Our mission is to cultivate transformation by equipping students with knowledge, strengthening their faith, and empowering them to share the Word of God.

Annual Requirements for All Students:

- Registration Form
- Annual Health Physical
- Registration Payment

Additional Requirements for New Students Only:

- Copy of Birth Certificate
- Copy of Immunization Record
- Oral Health Assessment Form
- Mandatory Assessment Test – \$100 fee (non-refundable)

We look forward to a blessed and enriching school year with you!



Student Information

- Full Name: _____
- Date of Birth: _____ Age: _____
- Gender: [] Male [] Female
- Grade Level for the New School Year: _____
- Home Address: _____
- City: _____ State: _____ Zip Code: _____

Parent/Guardian Information

- Father/Guardian Name: _____
 - Primary Phone Number: _____
 - Current Employer/ Occupation: _____
 - Email Address: _____
 - Home Address (if different from student's):

- Mother/Guardian Name: _____
 - Primary Phone Number: _____
 - Current Employer/ Occupation: _____
 - Email Address: _____
 - Home Address (if different from student's):

- With whom does the student reside? _____
- To whom should correspondence be sent? _____

Emergency Contact Information

*Provide at least one additional contact in case of emergency

- Contact Name: _____
- Relationship to Student: _____
- Phone Number: _____



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 call is not sufficient for the school to release a child to someone other than the named individuals below. You must send a written note.)

Who is authorized to pick up the student? (Name - Relationship - Phone Number)

1. _____
2. _____
3. _____

Medical Information

- Does the student have any allergies? Yes No

If yes, specify: _____

- If your child has allergies, you must provide EpiPens as needed—one for the classroom and one for the office. By checking the box on the left, I confirm my acknowledgment and agreement to this requirement.

- Does the student have any medical conditions the school should be aware of?

Yes No

If yes, specify: _____

- Does the student take any medications during school hours?

Yes No If yes, specify: _____

- Physician's Name: _____ Phone: _____

- Insurance Information (Company Name, Policy Number):



Tuition Agreement

- Tuition: \$600 (K-5th), \$650 (Middle School)
- Registration Fee (\$650): Annual and non-refundable.
- Tuition Payment Options (please choose one of the following payment plans):
 - Full Payment:** Pay the entire tuition upfront.
 - Four-Payment Plan:** Divide the tuition into four equal payments
 - Monthly Plan:** Pay in 10 monthly installments, with payments due on the 1st of each month.

I hereby agree to pay Lighthouse Church School (Santa Monica Foursquare Church) the registration payment and annual tuition. I understand that failure to fulfill outstanding tuition or fees may result in additional penalties, withholding of records, and/or separation from the school. This tuition payment is for the education of my student. I understand that in the event I decide to withdraw my student from the school, I must provide a 30-day notice to the school.

Parent/Guardian Signature: _____ Date: _____

Fundraiser Participation Agreement

I agree to participate in the mandatory fundraisers organized by Lighthouse Church School. There are three required fundraisers each year. If I choose not to participate, I agree to pay an exemption fee of \$100 per fundraiser (\$300 total). I acknowledge that failure to make these payments may lead to the possibility of my child's expulsion from the school.

Parent/Guardian Signature: _____ Date: _____

School Handbook Agreement

I have read and understand the school handbook and agree to follow all policies and procedures outlined within. I understand that failure to comply with school policies may result in disciplinary action, including expulsion.

Parent/Guardian Signature: _____ Date: _____



Authorization to Treat a Minor

I/We, the undersigned parent(s) or legal guardian(s) of a minor, authorize The Lighthouse Church School to arrange emergency medical, surgical, or dental care if I/we am unavailable. I/We permit any licensed physician or dentist at an accredited hospital to administer necessary treatment, including X-rays and anesthesia. While efforts will be made to contact me/us first, treatment will not be withheld if I/we cannot be reached. I/We accept full financial responsibility for any medical treatment authorized by the school and for any injuries my child may sustain on or off school premises. I/We confirm that my child is cleared for physical education and school sports unless a physician provides written restrictions. Any medical excuse must be submitted to the school with details on the duration of limitations. I/We will inform the school of any allergies or required medications before the first day of attendance or upon return. I accept full financial responsibility for any medical costs incurred.

Parent/Guardian Signature: _____ **Date:** _____

Release of Liability

I/We, the undersigned parent(s) or legal guardian(s), understand and acknowledge the risks associated with my child's participation in school activities, including but not limited to physical education, field trips, and extracurricular programs. I/We assume full responsibility for any injuries, damages, or losses that may occur. I/We release The Lighthouse Church School, Santa Monica Foursquare Church, its employees, volunteers, and affiliates from any claims, liabilities, or expenses arising from my child's participation in school activities.

I/We understand that once my child leaves school premises, including after-school activities and field trips, I/we assume full responsibility for their safety. I/We certify that all provided information is accurate and that no details have been withheld or misrepresented. I/We acknowledge that any falsification or omission may result in my child's dismissal from the school.

I/we confirm that my child is a suitable and safe companion for peers, teachers, and staff and does not pose any known risk to the well-being of others.

Parent/Guardian Signature: _____ **Date:** _____