

LIBERTY CHRISTIAN SCHOOL

9401 4TH STREET NORTH, ST. PETERSBURG, FL 33702

www.libertychristiansch.net

(727) 576-9635 ext. 127 or 128

APPLICATION FOR REGISTRATION KINDERGARTEN THROUGH FIFTH GRADE

OFFICE USE ONLY

Date Rec'd _____

Teacher _____

App. Fee _____

Physical _____

Birth Certificate _____

Immunization _____

Known Allergies: _____

Applicant's legal name _____
Last First Middle Name Used

Current grade _____ Applying for grade _____ Projected date of entrance _____
Date of Birth _____ S.S. # _____ Male Female Race _____

Applicant lives with (check all that apply): Check any that apply: Applicant's

Father Stepfather Other Father is deceased Parents are separated
 Mother Stepmother Other Mother is deceased Parents are divorced

Father/Legal Guardian Information

Mother/Legal Guardian Information

Name _____
Last First

Name _____
Last First

Home Address _____

Home Address _____

City State Zip

City State Zip

Home/Cell _____

Home/Cell _____

E-mail address _____

E-mail address _____

Employer _____

Employer _____

Phone _____ S.S.# _____

Phone _____ S.S.# _____

Please star (*) the address (es) to be used for all correspondence about the applicant.

People to notify in case of an emergency (when parents can't be reached):

Name: _____ Phone: (H) _____ (W) _____ Relationship _____
Address: _____

Name: _____ Phone: (H) _____ (W) _____ Relationship _____
Address: _____

List names of persons with permission to remove child from school (in addition to parents):

PARENTAL COMMITMENT TO LIBERTY CHRISTIAN SCHOOL

1. In signing this application I/we acknowledge commitment to the following:
 - a) To accept teacher and administrative authority.
 - b) To support the Christian philosophy of education as taught at LCS.
 - c) To support LCS policies as stated in this application and the student handbook.
 - d) To make tuition payments on schedule for the current school year.
 2. If I/we choose to withdraw or are requested to withdraw the applicant from the school we are responsible to pay the tuition and any balance of fees.
 3. I/we understand that all records (ex. medical) will be retained by the school until accounts are paid in full.
 4. The applicant may participate in scheduled field trips.
 5. I/we will provide fresh and whole grained foods when possible for lunches, and will use fruit juices or milk as a lunch beverage.
 6. I/we give permission to consult the child's physician/health resource listed in case of emergency if parent cannot be reached. I/we have received a copy of the childcare facility brochure and a copy of the center's discipline policy.
 7. I/we have received a copy of the LCS handbook.
 8. Primary hours of care provided by LCS for my child are: From _____ a.m. until _____ p.m.
 9. All information provided the school is complete and accurate.
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Father or Legal Guardian

Date

Mother or Legal Guardian

Date

Note: If the student lives with both parents, both parents must sign.

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MEDICAL RELEASE FORM

TO WHOM IT MAY CONCERN:

I hereby give my consent to any hospital and/or licensed doctor to administer necessary emergency treatment to my child, _____ Birth Date _____ School Grade _____ in event of an emergency, provided such treatment is imperative, and I cannot be contacted. I also give my consent for said child to be transported by ambulance if the situation warrants.

Name of family physician _____ Telephone _____

Hospital preference _____

State any specific allergies, disabilities, or restrictions _____

Date of last DPT or tetanus _____ Does the student receive medication? ____yes ____no

Type and reason for medication _____

Name of medical insurance company _____

Policy number _____ Expiration date _____

Name of Family dentist _____ Address _____

Phone _____ No dentist, see doctor

Father/Legal Guardian Name _____ Work Phone _____

Address _____ Home/Cell Phone _____

Mother/Legal Guardian Name _____ Work Phone _____

Address _____ Home/Cell Phone _____

Emergency Person's Name _____ Work Phone _____
(other than parent or legal guardian) Home/Cell Phone _____

(Signature of Parent/Legal Guardian)

STATE OF FLORIDA - COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____, 20____ by _____
(print name of signer)

WITNESS my hand and official seal.

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp, or Type as Commissioned)

Personally known to me, or
 Produced identification: _____
(Type of Identification Produced)

DID take an oath, or DID NOT take an oath.