

1968



2018

LAKE PARK BAPTIST SCHOOL
2018-2019 Registration Packet

Dear Parents,

Thank you for your interest in our school! We are pleased to say that this will be our 50th year of Christian Commitment and Academic Excellence. Our school mission is to promote the spiritual, intellectual, emotional, social, and physical development of the young people entrusted in our care. We consider it a privilege to be your choice for the academic and spiritual growth of your student!

We are currently accepting registrations for the 2018-2019 school year. To secure your child's placement, please complete the enrollment packet and return it to our school office with your application fee. An appointment will be scheduled at your convenience for grade-level placement.

Your enrollment packet includes the forms required for registration. If you have any questions regarding enrollment, let us help you in the process. We look forward to having you and your child in our school, and we welcome you to Lake Park Baptist School.

Yours in Christ,

Mrs. Carol Hyatt

Mrs. Carol Hyatt

Principal



Lake Park Baptist School
Strong Roots ❖ New Growth

New Student Registration-Getting Started

1. Please review the Tuition & Fee Schedule for the 2018-2019 school year.
2. Complete the Student Application. *
3. An appointment will be scheduled at your convenience for testing to determine grade placement for your child. Submit testing fee.*
4. Review and sign the Financial Contract. Submit Registration Fee.*
5. Complete the Medical Information Form.*
6. Complete the Extended Care Registration Form, if needed. Submit Extended Care Registration Fee.
7. Include a Recommendation Form from a Teacher/Administrator at your current school.
8. Please read the brochure, "Know your Child Care Facility," for Preschool-3 and PK-4 families.
9. Complete the Enrollment Form #2 (Preschool-3 - PK-4). Signatures are required on both sides of the form.
10. Complete the Notarized Authorization to Consent to Treat a Minor. A Notary is available in the school office to assist you.*
11. Provide a copy of the Birth Certificate.*
12. A School Physical is required to be completed within the past 12 months. The School Physical is to be on Form DH 3040, and it must be the original.
13. Provide an original up-to-date Florida Certificate of Immunization on DH 680.
14. Submit a recent dental exam. Any form is acceptable from your dentist.

***Required at the time the application is submitted.**

Please return your Enrollment Packet to the School Office. Thank you.



Lake Park Baptist School
Strong Roots & New Growth

LAKE PARK BAPTIST SCHOOL

2018-2019 Tuition & Fee Schedule

K5- 8th Grade

TUITION

K5-4th Grade	\$7200
5th-6th Grade	\$7500
7th-8th Grade	\$7600

*Ten month tuition payment plan begins August 1, 2018.

EXTENDED CARE

Registration Fee: \$40

Morning Care: 7:00am-8:00am

- **Annual Rate:** 1 Child-\$500, 2 or more-\$850 | **Daily Rate:** 1 Child-\$5, 2 or more-\$8

After School Care: 3:00pm-6:00pm

- **Annual Rate:** 1 Child-\$1800, 2 Children-\$3200, 3 or more-\$4100 | **Daily Rate:** 1 Child-\$15, 2 children-\$20, 3 or more-\$25

REQUIRED FEES

New Students:

Registration/Technology Fee	\$300
Testing Fee	\$35
Activity Fee (Due 6/1/18)	\$300

Returning Students:

Registration/Technology Fee	\$300
Activity Fee (Due 6/1/18)	\$300

OTHER FEES

Uniforms	School uniforms are available at Harris Uniform Shop.
Lunch	Students may bring lunch or purchase from the LPBS cafeteria.
Class Trips	Parents are advised of the cost of trips in advance.
Lost Textbooks	Replacement Cost
Lost Lock Replacement Fee	\$10
Returned Check Fee	\$40
Late Charge*	\$30 <i>*Applied 10 days after due date</i>

- ❖ Registration fee includes textbooks, testing materials, student accident insurance, including catastrophic insurance
- ❖ Activity Fee includes local field trips including the Kravis Center and Duncan Theatre, musical productions, pre-recorder and recorder instruments, specialty teachers, and additional instructional teachers and art supplies.
- ❖ Active, regularly attending, financially contributing members of the First Baptist Church of Lake Park receive a \$500 discount per child annually.
- ❖ Multiple Sibling Discount (This does not apply to VPK hours or scholarship recipients.)
 - Full price for the oldest student
 - \$500 annual discount for the 2nd student
 - \$1,000 annual discount for the 3rd student
 - Free for the 4th student.
- ❖ There is a referral discount of \$1,000 available for students not receiving any other discounts. Other restrictions apply. A referral form is available in the school office.

LAKE PARK BAPTIST SCHOOL 2018-2019 ENROLLMENT FORM

Admission Information		
Present Grade Level:	Grade Applying For:	<input type="checkbox"/> PS3 - School Day, ½ Day (8:30 am - 12:00pm)
Comments:		<input type="checkbox"/> PS3 - School Day (8:30 am – 3:00 pm)
		<input type="checkbox"/> PS3 - Full day (7:00 am – 6:00 pm)
		<input type="checkbox"/> Voluntary Prekindergarten (8:30 am – 12:00pm)
		<input type="checkbox"/> PreK Extended Day (12:00 – 3:00 pm)
		<input type="checkbox"/> K <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth <input type="checkbox"/> Seventh <input type="checkbox"/> Eighth

Student Demographic Information		
Last Name:	First Name:	Middle Initial:
Address:		City, State, Zip:
Phone:	Email:	
Date of Birth:	Ethnicity:	Last Four SSN:
Place of Birth:	Gender:	

Student Medical Information		
Physician		
Name:	Address:	Phone:
Dentist		
Name:	Address:	Phone:
Insurance		
Company	Group Number	Policy Number
Preferred Hospital:		
Allergies:		

Family Information			
Parent/Guardian One:			
Full Name:		Relationship to Student:	
Lives with student?	Y N	Address:	
Financially Responsible?	Y N	City, State, Zip:	
Should receive School Correspondence?	Y N	Home Phone:	
ParentWeb enabled for this person?	Y N	Cell Phone:	
Church Attending:	Work Phone:		
Occupation:	E-mail 1:		
Company:	E-mail 2:		
Parent/Guardian Two:			
Full Name:		Relationship to Student:	
Lives with student?	Y N	Address:	
Financially Responsible?	Y N	City, State, Zip:	
Should receive School Correspondence?	Y N	Home Phone:	
ParentWeb enabled for this person?	Y N	Cell Phone:	
Church Attending:	Work Phone:		
Occupation:	E-mail 1:		
Company:	E-mail 2:		

Emergency Contact Information

In an emergency, Lake Park Baptist School will contact parent/guardian one and/or two using the information listed in the Family Information Section. In the event Lake Park Baptist School is unable to contact the parents/guardians listed in the Family Information Section, the emergency contacts below will be notified.

Emergency Contact One

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

Emergency Contact Two

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

Emergency Contact Three

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

Pickup Information

Parent/Guardian one and/or two (listed above) has pickup rights for this student. Other adults who are not listed above must be on the pickup list below in order to pick up this student.

Pickup One

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

Pickup Two

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

Pickup Three

Name:	Home Phone:	Cell Phone:
Relationship to Student:	E-mail:	Work Phone:

Custody Information

IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW.

A.	Is there a Court Order barring either parent from removing the student from the school?	YES	NO
B.	Do Parents have shared (or joint) parental rights and responsibility? If no, please provide the school with a copy of the Court Order which limits either parent's parental rights or responsibility regarding the student.	YES	NO
C.	Does either parent have a final decision making authority regarding educational decisions for the student? If yes, please provide the school with a copy of the Court Order stating that one parent has final parental decision making authority regarding education.	YES	NO
D.	Is there a Temporary Restraining Order, Permanent Restraining Order, Order No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, please provide the school with a copy of the applicable Court Order.	YES	NO

Education Information

School attended last year:	
Have all financial obligations been fulfilled at the school listed above?	YES NO
<u>A recommendation letter from a current or previous teacher, guidance counselor, or school principal may be requested upon testing.</u>	
Reason for leaving current school?	

How did you hear about our school? Internet Friend LPBS Website Postcard Daycare: _____
 Event: _____ Other: _____

Has the applicant received any type of tutoring or therapy? If so, please explain:

Has the applicant ever repeated a grade level? If yes, please indicate grade repeated and why:

Has the applicant ever been treated for any nervous, mental, or emotional disorder? Please explain.

Does the applicant exhibit any kind of rebellion toward parents or others in authority? Please explain.

If any answer is affirmative and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal, or court.

Our Agreement Together

We agree that it is our responsibility to read and understand the Lake Park Baptist School student handbook(s) and will abide by its policies and guidelines.

We give the school permission for my child to take part in all school activities, including sports activities, and school-sponsored trips away from the school premises.

We give permission for our student's photograph to be used on the LPBS website, in the yearbook, and in any promotional or advertising materials.

We further agree to hold the school and its agents harmless for any liability to my child, guardian, or parent because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child.

Should legal action, for any reason, be taken against LPBS or any employee or agent on my child's behalf and/or the school, or an LPBS agent not be found at fault. Also, we agree to pay any attorney fees, damages, or other costs that the school or its agent incur to defend itself against such action.

We agree to uphold and support the high academic standards of the LPBS by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.

We recognize that in order for our child to make good progress in his/her work, it is essential that he/she have confidence in his/her teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards.

We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful, Christian spirit will register complaints with the teacher and/or principal.

We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

This state of cooperation will be in effect for as long as my child(ren) attend the school.

Father Signature: _____

Date: _____

Mother Signature: _____

Date: _____

Lake Park Baptist School, in accordance with U.S.C.2000(d), does not discriminate on the basis of race, color, or ethnicity.



Lake Park Baptist School
Strong Roots & New Growth

LAKE PARK BAPTIST SCHOOL

2018-2019 Financial Contract & Statement of Cooperation

K5- 8th Grade

In this Parent Contract and Statement of Cooperation between Lake Park Baptist School and Mr. and Mrs. _____, the parents (or guardian) of _____ (name of student), agree to the following stipulations:

1. We understand that the Registration Fee is to accompany the enrollment papers. Registration and Activity Fees are refundable only in the event your student(s) is not accepted into the school. We understand that the charge or tuition, yearly aftercare and morning care is divided into ten (10) equal installments to be paid on the 10th of the month.
2. We understand that if payments are not paid within ten (10) days after the due date, a \$30 late charge will be applied to our account; and furthermore, we understand there will be a \$40 charge for any checks the bank may return to the school.
3. After two returned checks, the bookkeeping department will only receive cash, money orders, or cashier's checks for all school fee payments.
4. If more than two payments are delinquent, our student(s) will not be permitted to remain in school unless previous arrangements have been made with the bookkeeping department. The school is completely dependent upon the tuition payments for its operation, and it is very important that payments are received promptly when due. Our school is unable to assume this financial responsibility. If your student is transferred, dismissed, or withdraws from the school for any reason, you will be charged the full month's tuition even if your student has attended only one day or part of the month.
5. Withdrawals: Parents withdrawing students from school MUST complete the withdrawal process through the school office. Written notice is required for withdrawal from all programs. No records will be transferred and report cards will not be released if there is an outstanding balance due on your student's account.
6. I understand that my student is required to wear official LPBS uniforms. Uniforms are purchased through the Harris Uniform store. Substitute uniforms are not acceptable.
7. Parents are required to read, understand, and sign that you have read the Parent Handbook of LPBS. A copy will be provided at the beginning of the new school year.
8. If legal action is required to collect my account should it become delinquent, we agree to pay any attorney's fees, collection fees, or court fees that the school or its agents should incur.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____



Lake Park Baptist School
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LAKE PARK BAPTIST SCHOOL

2018-2019 School Year Medical Information

Student's Name _____ Age _____ Grade Entering _____

Family doctor in case of emergency _____ Phone _____

Family dentist in case of emergency _____ Phone _____

Hospital of choice _____

Insurance Company _____ Policy # _____

Yes No

- ___ ___ Do you have concerns about your student's general health (eating, sleeping, weight, teeth, etc.)?
- ___ ___ Does your student have any other specific illness or impairment which may affect activities or progress?
- ___ ___ Does your student have any allergies (food, insects, medication, etc.)?
- ___ ___ Does your student take any medication (daily or occasionally)?
- ___ ___ Does your student have any problems with vision, speech, or hearing (glasses, contacts, ear tubes)?
- ___ ___ Has your student had any hospitalizations, operations, or major illness (specify problem)?
- ___ ___ Has your student had any significant injury or accident (specify problem)?
- ___ ___ Would you like to discuss anything about your student's health with the school nurse?

(Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your student's age at the time.)

Signature _____ Date _____



Lake Park Baptist School
Strong Roots & New Growth

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned, parent(s) guardian(s) of _____,

a minor, do hereby authorize Lake Park Baptist School as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or specific supervision of any licensed physician and/or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

CHILD'S FULL NAME _____

BIRTHDATE _____ **SCHOOL** _____

ALLERGIES TO DRUGS OR FOODS _____

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION _____

AUTHORIZATION

DATED _____

FATHER _____

MOTHER _____

LEGAL GUARDIAN _____

NOTARY PUBLIC

**NOTARY BOND
EXPIRATION DATE**

*This form must be completed and notarized to be retained in
Student's health file at Lake Park Baptist School*



Lake Park Baptist School

Strong Roots ❖ New Growth

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned, parent(s) guardian(s) of _____,

a minor, do hereby authorize Lake Park Baptist School as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or specific supervision of any licensed physician and/or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

CHILD'S FULL NAME _____

BIRTHDATE _____ **SCHOOL** _____

ALLERGIES TO DRUGS OR FOODS _____

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION _____

AUTHORIZATION

DATED _____

FATHER _____

MOTHER _____

LEGAL GUARDIAN _____

NOTARY PUBLIC

**NOTARY BOND
EXPIRATION DATE**

This form must be completed and notarized to be retained in Student's health file at Lake Park Baptist School



Lake Park Baptist School
Strong Roots of New Growth

LAKE PARK BAPTIST SCHOOL

2018-2019 Morning Care/Aftercare Registration Form

- ❖ Extended Care Registration Fee: \$40
- ❖ Morning care: 7:00am-8:00am during regular school days only
- ❖ Aftercare: 3:00p.m-6:00pm during regular school days only
- ❖ Additional fees are charged when school is not in session (8am-6pm)

CHOICE OF PAYMENT PLAN:

Morning Care

- Daily/Occasional Use _____
- Annual _____

Aftercare

- Daily/Occasional Use _____
- Annual _____

EMERGENCY INFORMATION

Student's Name: _____ Grade Level _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Please list any physical or special needs your child might have: _____

Please list names of relatives or friends that may be called in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list the adults with permission to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent Signature: _____ Date: _____