

**First Baptist Church**  
**Lenoir City Christian Academy**  
Grade \_\_\_\_\_ Aftercare \_\_\_\_\_ Summer Care \_\_\_\_\_

**Elementary Student Application**  
Date Received \_\_\_\_\_

**Student Information**

Full Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

<b>Father</b> _____ Name	<b>Mother</b> _____ Name
_____ Address (if different)	_____ Address (if different)
_____ Home – Work – Cell Phones	_____ Home – Work – Cell Phones
_____ Email	_____ Email
_____ Marital Status	_____ Marital Status
_____ Employment	_____ Employment

**Legal Guardian** \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Home – Work – Cell Phones  
\_\_\_\_\_  
Email  
\_\_\_\_\_  
Employment

**Authorized Pick-Up Persons:**  
\_\_\_\_\_  
Name – Relationship – Phone Number  
\_\_\_\_\_  
Name – Relationship – Phone Number  
\_\_\_\_\_  
Name – Relationship – Phone Number

**Siblings** \_\_\_\_\_  
Name Date of Birth School  
\_\_\_\_\_  
Name Date of Birth School  
\_\_\_\_\_  
Name Date of Birth School

**Previous Childcare / School**

1. \_\_\_\_\_  
Name of Institution Contact Number Contact Person

2. \_\_\_\_\_  
Name of Institution Contact Number Contact Person

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**Current Church Membership** \_\_\_\_\_

Describe your church involvement \_\_\_\_\_

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

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**For Afterschool**

Which program? \_\_\_\_\_ Summer Only \_\_\_\_\_ Summer and School Year \_\_\_\_\_ School Year Only

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**Allergy Information**

List **any** allergies your child may have \_\_\_\_\_

\_\_\_\_\_

Does your child require an epi-pen or other medication when experiencing a reaction? Describe \_\_\_\_\_

\_\_\_\_\_

I authorize LCCA to pursue emergency medical care for my child.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

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***In the space below, please provide information about your child that would be helpful for the teacher.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The process of Christian academic education and discipleship is highly involved and requires significant parental understanding and involvement. Please initial each of the following statements indicating that you have read, understand, and are in compliance with LCCA in the following areas. Failure to comply with these statements may result in the termination of the application process.

\_\_\_\_\_ We have received and read the Lenoir City Christian Academy Handbook. We understand the policies of LCCA and will comply with the guidelines as they have been presented. We understand that if questions arise concerning the handbook we should discuss those questions with the principal or headmaster.

\_\_\_\_\_ We understand that tuition is due for each month that a student is enrolled for even one day of that month. Tuition is due on the first of each month and a late fee of \$20.00 will be charged to the student's account after the 10<sup>th</sup> of the month. Returned checks will require an additional \$20.00 fee. All fees and tuition are non-refundable. Should an applicant not be accepted, \$250.00 of the enrollment fee will be refunded. If tuition has not been paid for the previous month, the student will not be allowed to attend the current month. All payments and fees are non refundable.

\_\_\_\_\_ We recognize and support the purpose of Lenoir City Christian Academy, a ministry of First Baptist Church Lenoir City, to develop a biblical worldview in the lives of students. A biblical worldview is developed as academics are taught through the lens of the Bible, and the teacher-student relationship is one of discipleship. Lenoir City Christian Academy believes in the inerrancy of the Bible. Students are introduced to the work of Jesus Christ who being perfect and blameless died on the cross to save man from their sins.

\_\_\_\_\_ We commit to support the academic endeavors of Lenoir City Christian Academy by working with our child each night to review daily work as available and by reading with our child each day. We understand the primary responsibility for nurturing and educating children is that of the parent as established by the Bible in Deuteronomy 6:4-9.

\_\_\_\_\_ We will support the policies and procedures of Lenoir City Christian Academy to the best of our ability. We will refrain from complaining about the school, the faculty and administrators, and First Baptist Church with anyone in the community or with other parents. If we have a complaint or concern with the school or church, we will follow the biblical principles of conflict resolution by going to the administrators to address any relevant issues. (Matthew 18:15-17)

\_\_\_\_\_ We understand that the hours of the school are from 8:15-3:00 (3:30 for Middle School) Monday through Friday, and we must bring our child and pick him or her up on time.

\_\_\_\_\_ We understand that in case of emergency, Lenoir City Christian Academy will transport my child to one of the following churches: Highland Park Baptist, Christ Covenant Presbyterian, First Baptist Kingston, or Calvary Baptist Lenoir City. We understand that we will be notified as soon as all children have been safely placed. We will provide a photo id when picking up our child.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date