

Application For Admission To:  
**Lighthouse Christian Preschool**  
2620 Una Antioch Pike  
Antioch, Tn 37013  
(615) 781-1070 Fax (615) 781-9170

Start Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Child's Name \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last (Name used in school)

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Race \_\_\_\_\_ Country born in \_\_\_\_\_ Social Security# \_\_\_\_\_

Child's Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Family Information:

1. Father's Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Married, Widow, Separated, Divorced)  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Does father live with child? \_\_\_\_\_ If no, does father have visitation rights? \_\_\_\_\_

Church Preference \_\_\_\_\_ Pastor \_\_\_\_\_

Are you a member \_\_\_\_\_ Do you attend? \_\_\_\_\_ (regularly) \_\_\_\_\_ (not regularly) \_\_\_\_\_

Does the applicant attend this church? \_\_\_\_\_ (regularly) \_\_\_\_\_ (not regularly) \_\_\_\_\_

2. Mother's Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Does mother live with child? \_\_\_\_\_ If no, does mother have visitation rights? \_\_\_\_\_

Church Preference \_\_\_\_\_ Pastor \_\_\_\_\_

Are you a member \_\_\_\_\_ Do you attend? \_\_\_\_\_ (regularly) \_\_\_\_\_ (not regularly) \_\_\_\_\_

Does the applicant attend this church? \_\_\_\_\_ (regularly) \_\_\_\_\_ (not regularly) \_\_\_\_\_

3. Are the above parents natural parents of the child? \_\_\_\_\_

If no, who has legal custody? \_\_\_\_\_

4. Do you have any other children enrolled in Lighthouse Christian School? \_\_\_\_\_

5. Please list brother's and/or sister's names: \_\_\_\_\_



# Lighthouse Christian Preschool

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Dear Parents,

Welcome to Lighthouse Christian Preschool! We are so thankful God has led you and your family to us. We count it a joy and honor to serve you and your child. Our prayer is that during this school year we will be an extension of your home by providing a Christian environment for your child to grow, and by training your child in the character of Christ. We want to team with you in bringing your child to a godly standard in a world that is ungodly. *“Love the Lord your God with all your heart and with all your soul and with all your strength. These commandments that I give you today are to be upon your hearts.”* (Deut. 6:5,6) Our hope is that you desire the same principles for your child. *“Can two walk together, except they be agreed?”* (Amos 3:3)

Below is a list of the things your child will need to have for his/her file. This paperwork is required before your child starts school.

- 1) Completed preschool application
- 2) Immunizations record
- 3) Yearly physical
- 4) Copy of birth certificate
- 5) Copy of both parents/guardians drivers licenses
- 6) First week's tuition
- 7) Attend a mandatory meeting set up by the office.

All the above must be in your child's file before your child starts in his/her classroom.

We are looking forward to getting to know you and being a part of your child's life. If you have any questions, please feel free to call or stop by my office!

In His Service,

Janice Nichols - Fagan,  
Preschool Director

Antioch, TN 37013  
(615) 869-8985 Preschool Cell

## Finances

*“And whatsoever you do, do it heartily to the Lord and not unto me.” (Col. 3:23)*

### Payment Policies

1. A non-refundable registration fee is due at the time the child is registered. We will only hold his/her spot 2 weeks after the registration fee is paid.
2. Curriculum and Book fee are due each June. If your child starts school after June they are due before the child start date. This fee will be pro-rated for students who start after January 1st. LCP will not issue books until this fee has been paid. At the end of each school year any unused portions of books will be sent home with the students.
3. The student fee is due on or before the child’s first day of preschool. The fee includes secondary insurance and TACS membership.
4. An activity fee of \$10.00 is due on or before the child’s first day of preschool and again in January. These activity fees are to be paid directly to the teacher.
5. Tuition is based on a weekly rate of **K2-\$145.00, K3-\$135.00, K4-130.00** per week. It includes lunch, a morning and afternoon snack. Tuition may be paid weekly, bi-weekly, or monthly as long as it is paid in advance. You can also make payments on line.
6. There is no reduction in fee for school closings, major holidays, snow, or unavoidable emergencies.
7. A late fee of \$10.00 will be added to past due accounts. Accounts are past due if the weekly tuition is not paid before Tuesday at noon of each week. An account must be paid in full before any records will be released.
8. If an account is 2 weeks past due, the child will be dismissed from the preschool and put back on the waiting list until the account is paid in full. If account is not paid within one week the slot will be filled.
9. Make checks payable to Lighthouse Christian Preschool or LCP. A \$30.00 service charge will be added to the account of a returned check. If Tele-check rejects a check the service charge will be \$15.00. After the second returned check, the account will be placed on a cash-only basis.
10. Make all payments in the preschool office or put them in the drop boxes located in the hall of the K2/K3 building or in the K4 portable. Teachers are not to accept payments.
11. If you are unable to pay on time because of an emergency, please make arrangements with the preschool office. We desire to work with you.

### **Tuition and Fee Schedule**

Registration Fee.....	\$40.00
Student Fee.....	\$60.00
Curriculum & Book Fee.....	K2-\$55.00, K3 -\$65.00, K4 -\$95.00
Weekly Tuition.....	K2-\$145.00, K3-\$135.00, K4-\$130.00
Activity Fee.....	\$10.00 twice a year (June & January)

### **Discounts**

1. Each additional child will receive a \$10.00 reduction.
2. If a child is out sick with a contagious communicable disease **with a doctor’s note for an entire week** you may pay half fee.

### **Refund Policies**

1. If a student is not accepted into Lighthouse Christian Preschool, or the parent withdraws the student before they start school, all fees will be refunded with the exception of the \$40.00 registration fee.
2. If a student is withdrawn or dismissed from preschool, any full weeks of pre-paid tuition will be refunded. Registration, book fees, student fees are not subject to refund.

**TENNESSEE DEPARTMENT OF HEALTH**  
**TENNESSEE PRE-SCHOOL IMMUNIZATION CERTIFICATE**  
 This form and any attachments must be filed in the child's health record.

**I. IDENTIFYING INFORMATION:**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**II. Required Pre-school immunizations (for children 8 weeks and older):**

Vaccine	Usual Time of Immunization and Number of Doses Required			
	2 months	4 months	6 Months	12-18 months
D.T.P. (Diphtheria-Tetanus-Pertussis)				
Hemophilias (Hib)				
DTP/HIB				
Polio				
MMR				
*Hepatitis B				
* Varicella (Chickenpox)				

1. Dose 3 at 6 months not needed if a three dose Hib vaccine preparation is used. Two or 3 doses at 6 months is acceptable.
2. One dose of Hib vaccine administered on or after 15 months of age completes the immunization requirement, regardless of the total number of doses.
3. The 3rd dose of Polio vaccine may be given at any time between 6 and 18 months of age.
4. Required on or after the first birthday; may be given no earlier than 4 days before the first birthday to meet the requirement.
5. Parental or physician diagnosis of chickenpox also meets requirements.

**III. Current Immunization Record (If completing manually, please record the date (MM/DD/YY) of each dose received.):**

Vaccine	First	Second	Third	Fouth	Fifth
DTP /DtaP/ DT/ Td					
H. influenzae, type B (Hib)					
Polio					
Measles/Mumps/Rubella/(MMR)					
Varicella (Chickenpox)					

Check here if a 3-dose Hib schedule was used: \_\_\_\_\_

**IV. Immunization Certifications:**

**A. Immunization:** *This child has received the immunizations required for perschool attendance or has been granted a medical exemption.*

**Check here if a medical exemption is granted:** \_\_\_\_\_

Medical Provider's Name (please print) \_\_\_\_\_

Medical Provider's Stamp or Signature \_\_\_\_\_

Date \_\_\_\_\_

**B. Religious Exemption:** *This child is exempt from receiving required immunizations for religious reasons. A signed statement from the parents stating, under penalty of perjury, that immunization conflicts with their religious tenets and practices is attached.*

**Check here if a medical exemption is granted:** \_\_\_\_\_

**V. Health Examination (Required for children aged 8 weeks to 30 months in child care): This child has been examined.**

**Check if needed:** Dental Screening \_\_\_\_\_ Vision Screening \_\_\_\_\_

Medical Provider's Name (please print) \_\_\_\_\_

Medical Provider's Stamp or Signature \_\_\_\_\_

Date \_\_\_\_\_

### Previous Day Care Information

Please list all preschool/daycares the applicant has attended: (We may contact your previous daycare)

Name of School \_\_\_\_\_ Address (Street, City, State, Zip) \_\_\_\_\_ Dates (Mo. Yr.) Age \_\_\_\_\_

Has applicant been suspended or expelled from a daycare/preschool? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What was the reason for leaving last daycare/preschool attended? \_\_\_\_\_

Has the applicant taken any type of psychiatric, psychological, or educational testing? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has applicant been tested for ADD, ADHD, Dyslexia, or prescribed Ritalin? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please state clearly why you wish to enroll your child into Lighthouse Christian Preschool: \_\_\_\_\_

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### Emergency Information:

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, please call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I want my child taken to \_\_\_\_\_ hospital. The school has permission to obtain emergency medical treatment if we (the parents) cannot be reached.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you wish for your child to be given either Pepto Bismal or Tylenol, please sign in the space provided below. We cannot give these medicines without your signature even if you have given verbal permission over the phone.

I give the Director of Lighthouse Christian Preschool permission to give my child if it is needed and after I have been contacted and given a verbal agreement .	Tylenol,	Yes	No
	Pepto Bismal	Yes	No
	Sunscreen	Yes	No
	Antibiotic Ointment	Yes	No

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### TRANSPORTATION PLAN

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

We are required by law to have a "Transportation Plan" on file for each child grades K2-K4

Please indicate below the individuals (18 years and older) who are permitted to pick up your child from Preschool. Include any family members, neighbors, teachers, friends, etc. that you will allow to check your child (ren) out.

**NO ONE WILL BE ALLOWED TO PICK UP YOUR CHILD(REN) WHOSE NAMES ARE NOT LISTED ON THIS TRANSPORTATION / DISMISSAL PLAN.**

\*\*\*\*\*

Name	Phone	Call First
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

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Please list below any individuals that are **not** allowed to pick up your child(ren). If either natural or legal parent is not allowed to pick up your child(ren), we must have legal documentation on file in the office in order to enforce this.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

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Please list below any individuals that you would want to be notified if they came to pick up your child(ren).

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
|----------|----------|

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**We must have a record of license plate number on primary person picking up child:**

Relationship to child \_\_\_\_\_

License plate # \_\_\_\_\_

Make/Color of vehicle \_\_\_\_\_

**Secondary person:**

Relationship to child \_\_\_\_\_

License plate# \_\_\_\_\_

Make/Color of vehicle \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

## Medical History

Most recent hospitalization: \_\_\_\_\_ Hospital \_\_\_\_\_

Is applicant allergic to anything, including food allergies? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Any known disease or illness: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Any operations: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Any physical handicaps: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Is applicant presently under the care of a doctor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Is applicant taking prescription medicine? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Is there special medicine information or instructions that the school should be aware of? \_\_\_\_\_

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## Emergency Care

I give my **permission** to Lighthouse Christian Preschool staff to call the physician and authorized adults listed below in case of emergency. I also give my consent to have my child taken for treatment to a hospital or closest source of medical assistance if he/she is injured or ill. I agree to be responsible for any emergency cost.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

In case a parent can not be reached call: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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## Home Environment

What are some of the ways the applicant plays at home? \_\_\_\_\_

Does the applicant play with children from other families? \_\_\_\_\_ If yes, is this a regular interaction? \_\_\_\_\_

Is the applicant's entire family together for any time during the day? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Does the applicant feed himself/herself? \_\_\_\_\_ What is his/her attitude toward eating? \_\_\_\_\_

Does the applicant have his/her own bedroom? \_\_\_\_\_ If sharing, with how many children? \_\_\_\_\_

Does the applicant sleep by himself/herself? \_\_\_\_\_ If no, with whom does he/she sleep? \_\_\_\_\_

Is the applicant potty-trained? \_\_\_\_\_ If yes, can he/she manage his/her clothes at the toilet? \_\_\_\_\_

What things do you do as a family \_\_\_\_\_

Who lives in the house hold? \_\_\_\_\_ Do both parents work? \_\_\_\_\_

Are there family traditions or cultural differences that we should be aware of? \_\_\_\_\_

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## Permission to use artwork and photographs

I give permission for \_\_\_\_\_'s artwork and photographs to be used on our school website and local newspapers without the name of the individual child/ren to be published.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHILD'S HEALTH HISTORY CHECKLIST

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Parent or guardian's name

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the right answer.

### Pregnancy and Birth

- Yes No 1) Were there any problems with pregnancy or your child's birth?  
Yes No 2) Was his/her birth weight under 5 ½ pounds?  
Yes No 3) Did the baby have any problems in the hospital?

### Medical Problems

- Yes No 4) Has your child ever been in the hospital overnight?  
Yes No 5) Is your child taking any medicine?  
Yes No 6) Any allergies or reactions to medicine, DTP or other shots, or insects?  
Yes No 7) Has your child had asthma or wheezing?  
Yes No 8) Does your child have speech or hearing problems?  
Yes No 9) Has your child had more than two ear infections in a year?  
Yes No 10) Has your child had tonsillitis?  
Yes No 11) Does your child have trouble with his/her eyes or seeing?  
Yes No 12) Has your child had a bladder or kidney infection?  
Yes No 13) Does he/she have burning when urinating?  
Yes No 14) Does he/she have seizures, fits or shaking spells?  
Yes No 15) Have you ever been told your child has a heart murmur?  
Yes No 16) Is your child able to play as hard as other children?  
Yes No 17) Has your child ever had a bumpy, swollen reaction to the TB skin test?  
Yes No 18) Has your child ever been with anyone having TB?  
Yes No 19) Has your child ever had worms?  
Yes No 20) Does your child scratch his/her genital area?  
Is his/her bottom or genitals red or sore?  
Yes No 21) Is your child a hemophiliac (free bleeder)?  
Yes No 22) Is your child on a heart monitor?  
Yes No 23) Does your child have tubes in his/her ears?

### General Development

- Yes No 26) Is your child in a special education class in school?  
Yes No 27) Does your child get along with other children?  
Yes No 28) Is he/she usually happy?  
Yes No 29) Does your child have any special problems not indicated above?  
Yes No 30) When did your child last see a doctor?

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

# LCP'S POTTY POLICY

Dear Parents:

The policy of Lighthouse Christian Preschool is to enroll only students that are potty trained. We have found in the past that after enrolling a student we find out they are not completely trained. I know that this will keep some on the waiting list a little longer, but for the structured environment we feel that this is better for the student and the teacher. We **DO NOT** allow pull ups or any form of disposable pants. We have found these confuse them when potty training is being taught.

We realize that at this age level children will have occasional accidents, so we will allow a thirty day period to give the child time to adjust to a new school and the school schedule.

We appreciate your help in this transition and your consideration of helping us to achieve what we want for our classes.

Thank you,

Janice Fagan  
Preschool Director

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My child \_\_\_\_\_, is completely potty trained  
(child's name)

and has no accidents.

Signature

Date

## LCP TRAINING IN THE CHARACTER OF CHRIST

Dear Parents:

We are thankful to have this opportunity to work together with you and your child. Our goal is to assist you in training your child in the ways of God. As many of you know this is contrary to the ways of the world. By enrolling your child here you are saying that you are in agreement with our school's standard. "*Can two walk together, except they be agreed?*" Amos 3:3. We appreciate you choosing Lighthouse Christian Preschool.

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Lighthouse will make every effort to ensure the success of children and families in our preschool. However, if it is determined that this is not possible, we reserve the right to terminate enrollment, giving the family the opportunity to find another option for the care of their child. We will offer a grace period for this transition, but not if the education, care, or safety of the other children is compromised. Involuntary withdrawal may occur as a result of:

- Non-payment of tuition or fees
- Both parents support and community resources have been utilized and the child's behavior is disruptive to the normal routines of the class and/or compromises the education, care of safety of the other children enrolled in the preschool.
- Lack of parent cooperation with the school to address specific concerns.
- The inability of our program to meet the needs of the student.
- Consistent failure to follow policies as outlined in the Parent Handbook.

I understand the preceding policies and agree to abide by them.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

## LCP 12 MOST PREVALENT CONCERNS

- 1. Sign in/out sheets:** All preschool children are required by the state to be signed in each morning and signed out each afternoon. Both the time and signature are required. Only adults (18 years or older) that are listed on your child's transportation plan will be allowed to sign a child out. Identification will be required when there is any doubt as to the identity of the person picking up a child. Any child not signed in or out will be sent a warning and after the third warning a parent will be charged \$1.00 each additional time. pp.28
- 2. Tardiness of Class:** All preschool children are required to be in their classroom by 8:25 a.m. Please remember that our program is a structured teaching program. If your child arrives later than 8:30, he/she will not be allowed to enter the classroom until after Bible time is over at 9:00 a.m. The person bringing in the child will need to stay with the child until they may enter the classroom. pp.26
- 3. Lunch/Snack:** LCP provides a hot lunch for K2-K4. All children counted in the morning lunch count will receive a lunch. Any child arriving *after* the lunch count has been taken (9:30 a.m.) and if the parent has not called in before 8:30 or between 9:00-9:30 to order a lunch, then that parent will be responsible to bring a lunch with their child. The preschool provides a morning and afternoon snack. We have 7:50-8:10 set aside for snack time. If you do not arrive before this time, please have them feed and ready for the day, because teaching starts at 8:30 a.m. Any child arriving *after* morning snack has been distributed will not receive a morning snack. The teachers are required to have snack cleaned up and start Bible at 8:30, feeding late children will throw the whole class off their daily schedule. pp.28
- 4. 24 Hour Sick Rule:** Any child sent home from school sick must be out a total of 24 hours and free of any fever, diarrhea, or vomiting for 24 hours. If a child has had a communicable disease they must show proof where that child has been treated by a doctor and on medication for 24 hours. A child out the entire week due to a contagious illness may receive a sick week reduction with a doctor's note. Any parent called to pick up a sick child must do so immediately, the preschool does not have a sick room. We do take children outside daily, if the weather permits, so keep them home until they are well enough to return and able to go outside. pp.27
- 5. Weekly Fees:** All tuition is due Monday morning *before* the week starts. A \$10.00 late fee will be charged to any parent that drops off a payment *after* accounts have been receipted Tuesday at 12:00 p.m. pp.23
- 6. 5:30 Closing:** LCP closes at 5:30, after 5:35 each parent will be charged \$1.00 for each minute that a child is left on the premises. This fee will be paid directly to the staff person that has stayed late with your child. The preschool reserves the right to dismiss any child that is left consistently after 5:30. pp.13
- 7. Parking/One Way:** LCP has designated parking places and is a one way drive. Sometimes the creek will rise and parents may have to take an alternative route out, but a way has been provided where parents do not have to break the one way rule. Any parent not observing parking or the one way sign will be warned, after the third warning a \$25.00 fine will be charged. pp.15-16
- 8. Withdrawals:** All parents are required to give a 2 week notice when withdrawing a student (if not given you will still owe for the two weeks). pp.22

- 9. Probation:** All new students will be put on a six-week to six-month probationary period. Because of our structured environment, we do require that our students are potty trained and have been brought to God's standard of obedience (Eph. 6:1-3). If we see that a child or the parent is struggling, we will give the parent an opportunity to watch three videos on 'Growing Kids God's Way.' At that time we will continue the probationary period. It is our goal that the parent and the school are working together to reinforce godly values and set a godly standard for our children. Ephesians 6:1-3. Obedience Sheet; pp 21& 31
- 10. Chastisement:** If patterns of bad choices or very serious violations of rules continue after time out and loss of privileges, a parent will be called to come. If this pattern continues and the child cannot conform to a teachable spirit we will need to dismiss the child. Most of the time with the parents working with the child we will see a change. We do not use corporal punishment, we call the parents to chastise. pp. 32-22
- 11. Weather Closing:** Should the preschool be closed due to inclement weather or some other factor, announcements to the effect will be issued via the television and radio media. TV channel 4 is our primary station for notification of our closing. A message will also be left on the school's code-a-phone, 781-1070. We will announce all closings or we will announce if we are working the 'snow schedule', which will be the hours of 8:00 a.m. until 4:00 p.m. If weather should become extreme throught out the day, please call the preschool office and make plans to pick up your child early due to an early closing. Any child not picked up, after the closing time has been announced, will be charged the normal late fees. If the preschool is closed due to weather there is no reduction of fees. pp.15
- 12. Chain of Command:** LCP has set procedures for expressing concerns and asking questions. Every parent is to follow these procedures, and parent going outside these procedures is subject to dismissal. We believe God's word teaches communicatiion is very important and if there is a concern *it is scriptural to go the person it involves first*. Then follow the chain of command as listed: **First**, go the child's teacher, **Second**, talk with the Preschool Director, **Third**, visit the School Administrator, **Fourth**, contact the Director of Tennessee Christian Schools. pp36

**I have read the 12 statements above and I am in agreement and understanding of these policies.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*"Can two walk together, except they be agreed?"*  
Amos 3:3