

Little Scholars Academy of Lake Norman

14101 Stumptown Road | Huntersville, NC 28078
704.274.9422 | Email: info@LittleScholarsLKN.com

- Returning
 New

Application Date _____

Paid Registration _____

2018 – 2019 School Year Student Application

September 5, 2018 – May 24, 2019

This Student Application Form is to be completed by a Parent or Guardian for each student. **A \$125 non-refundable Registration Fee should accompany each Application Form.** You can make checks out to: Little Scholars Academy. Please clearly print the information below.

Child's First Name: _____ Child's Last Name: _____ Nickname: _____

Age at Time of Application (years/months): _____ Birthday: _____ Gender: (circle one) M F

Please indicate the program you would like to enroll your child. Classes are determined by age and developmental level.

Toddler (1& 2 years): _____ **Early Preschool (2 & 3 years):** _____ **Preschool (3 & 4 years):** _____ **Pre-Kindergarten (4 & 5 years):** _____

Please indicate the days you would prefer to have your child attend:

Tuesday/Thursday _____ **Monday/Wednesday/Friday** _____ **Monday – Friday** _____

Tuition

Tuition for the school year is paid in 9 monthly installments, September – May and is due on the first of each month. The monthly amount stays the same, even during months with breaks.

Sibling Discount = 15% off BOTH siblings

Toddler & Early Preschool Programs	
Days per Week	Tuition per Month
Tue/Thu	\$235
Mon/Wed/Fri	\$325
Mon - Fri	\$450

Preschool & Pre-Kindergarten Programs	
Days per Week	Tuition per Month
Tue/Thu	\$215
Mon/Wed/Fri	\$305
Mon - Fri	\$430

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Family Information

Child's First Name: _____ Child's Last Name: _____ Nickname: _____

Age at Time of Application (years/months): _____ Birthday: _____ Gender: (circle one) M F

Mother's Name: _____ Phone: (Home/Cell/Work) _____ - _____ (Home/Cell/Work) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Hours: _____ Phone: _____ - _____

Email Address: _____ Include email for LSA communication: (circle one) Yes No

Father's Name: _____ Phone: (Home/Cell/Work) _____ - _____ (Home/Cell/Work) _____ - _____

Same as above

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Hours: _____ Phone: _____ - _____

Email Address: _____ Include email for LSA communication: (circle one) Yes No

Caregiver's Name: _____ Phone: (Home/Cell/Work) _____ - _____ (Home/Cell/Work) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Hours: _____ Phone: _____ - _____

Email Address: _____ Include email for LSA communication: (circle one) Yes No