

Little Scholars Academy of Lake Norman

- Returning
- New

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

Application Date _____

Paid Registration _____

2018 Summer Adventures Student Application

This Student Application Form is to be completed by a Parent or Guardian for each student. **A \$50 non-refundable Registration Fee should accompany each Application Form.** You can make checks out to: Little Scholars Academy. Please clearly print the information below.

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** _____

Please indicate the weeks you prefer to have your child attend:

June 4 - 8	June 11 - 15	June 18 - 22	June 25 - 29	July 2 - 6	July 9 - 13	July 16 - 20	July 23 - 27	August 30 - 3	August 6 - 10	August 13 - 17	August 20 - 24	All Summer
				CLOSED								

Tuition

Monthly Tuition is only available to students who are enrolled for the whole summer (11 weeks)

Toddler & Early Preschool Programs		
Days per Week	Tuition per Week	Tuition per Month
Tue/Thu	\$80	\$225
Mon/Wed/Fri	\$110	\$325
Mon - Fri	\$150	\$450

Preschool & Pre-Kindergarten Programs		
Days per Week	Tuition per Week	Tuition per Month
Tue/Thu	\$70	\$200
Mon/Wed/Fri	\$90	\$300
Mon - Fri	\$135	\$425

Summer Adventure Discounts

6 – 9 weeks = 5% discount

Siblings = 15% discount on both (*only available on monthly tuition*)

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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) _____ - _____

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

Occupation: _____ Hours: _____ Phone: _____ - _____

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

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

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) _____ - _____

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

Occupation: _____ Hours: _____ Phone: _____ - _____

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

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Child's Medical Information

Health Insurance Carrier: _____ Health Insurance Group Number: _____

Primary Physician: _____ Hours: _____ Phone: _____ - _____

Preferred Hospital for Emergency Treatment: _____

Emergency Treatment and Transportation:

I hereby give permission to **Little Scholars Academy of Lake Norman** to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care. ***Non-emergency medication treatment or elective surgery is not included in this authorization.***

Signature of Parent or Guardian: _____ Date Signed: _____

Is your child currently taking prescription/over the counter medication? If yes, please list medication and purpose.

Does your child have any condition requiring special care? If yes, please specify.

Has your child had surgeries, illness, or any severe injuries? If yes, please specify.

Does your child have any **allergies**? If yes, please specify.

Does your child have any **dietary restrictions**? If yes, please specify.

Has your child ever attended school? If yes, how many years?

What are you goals for your child?

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Emergency Contact and Pick-Up Authorization

Name: _____ Phone: (Home/Cell/Work) _____ - _____ (Home/Cell/Work) _____ - _____

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

Relationship to Child: _____ Authorized to Pick-Up: (*circle one*) Yes No

Name: _____ Phone: (Home/Cell/Work) _____ - _____ (Home/Cell/Work) _____ - _____

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

Relationship to Child: _____ Authorized to Pick-Up: (*circle one*) Yes No

Name: _____ Phone: (Home/Cell/Work) _____ - _____ (Home/Cell/Work) _____ - _____

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

Relationship to Child: _____ Authorized to Pick-Up: (*circle one*) Yes No

Name: _____ Phone: (Home/Cell/Work) _____ - _____ (Home/Cell/Work) _____ - _____

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

Relationship to Child: _____ Authorized to Pick-Up: (*circle one*) Yes No

Name: _____ Phone: (Home/Cell/Work) _____ - _____ (Home/Cell/Work) _____ - _____

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

Relationship to Child: _____ Authorized to Pick-Up: (*circle one*) Yes No