

L.E.A.D. Academy Classical School  
*Laus Deo Semper*  
2018-2019 Extended Day Application  
Hours 6:30am-6:00pm Monday-Friday

*Please fill out this form completely. Both parents/guardians must sign the agreement on back.*

ALL FEES AND PAYMENTS ARE NON-REFUNDABLE

**FOR OFFICE USE ONLY**

Registration Date: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Registration \$50.00 (per family) \_\_\_\_\_ \$60.00/week \_\_\_\_\_ \$45/week (a.m. only) \_\_\_\_\_

Please indicate which program you will be utilizing: \_\_\_\_\_ a.m. only \_\_\_\_\_ p.m. only \_\_\_\_\_ both

Child's current grade: \_\_\_\_\_

**Child's Name:**

\_\_\_\_\_

First	Middle	Last
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**Parent/ Guardian 1:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/ Guardian 2:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Does your child have any allergies or medical conditions: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list allergies or medical condition: \_\_\_\_\_

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

**Authorized Pick-up Information:**

Please list all additional contacts who will be given clearance to pick up your child from school. Proper identification will be required before your child is released to any of the listed contacts.

My child may be picked up by mother ( ) and/or father ( ) \_\_\_\_\_ (please initial)

**Authorized Pick-up Cont.:**

Name	Relationship to Student	Phone #

I agree to keep my information updated and current with L.E.A.D. Academy Classical School  
\_\_\_\_\_ (please initial)

**Financial Agreement for 2018-2019**

I, \_\_\_\_\_, understand that L.E.A.D. Academy Classical School charges extended day fees on a weekly basis. I agree to make weekly payments for each month beginning in August and continuing through May. I also understand that payments received after the 10th of the month will be assessed a \$50.00 late fee. If payment is not received by the 30th of any month, enrollment may be terminated by the school.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Extended Day Parental Contract**

L.E.A.D. Academy’s educational mission involves working with the home in the overall Christian & Classical education of students. On occasion, this cooperation between the school and the home may become difficult. To avoid such situations, the school requests that parents/ legal guardians sign the following commitment to support and cooperate with the school:

As parent or legal guardian, I will discuss all complaints with my child’s counselor or the director. I understand that suggestions can be brought to my child’s counselor, or the director. I understand that if at any time the school determines, in its sole discretion that my actions do not support the ministry of the school or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to require the withdrawal of my child/ children. Upon signing this application, I hereby agree to abide by all of the policies stated in the application.

Signature of Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_