

- Returning
- New

Little Scholars Academy of Lake Norman

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

Application Date

Paid Registration

2019 Summer Adventures Student Application

A \$50 non-refundable Registration Fee should accompany each Application Form. Checks will not be cashed until you are accepted.
You can make checks out to: Little Scholars Academy. Please clearly print the information below.

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

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

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

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

Tue/Thu _____ **Mon/Wed/Fri** _____ **Mon - Fri** _____

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

June 3 - 7	June 10 - 14	June 17 - 21	June 24 - 28	July 1 - 5	July 8 - 12	July 15 - 19	July 22 - 26	Jul/Aug 29 - 2	August 5 - 9	August 12 - 16	August 19 - 23	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	-	\$235
Mon/Wed/Fri	-	\$325
Mon - Fri	\$150	\$450

Preschool & Pre-Kindergarten Programs		
Days per Week	Tuition per Week	Tuition per Month
Tue/Thu	-	\$215
Mon/Wed/Fri	-	\$305
Mon - Fri	\$140	\$430

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

Parent'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

Parent'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