

New Student
 Currently Enrolled Student
 Sibling of Enrolled Student
 Waiting List

LCA Preschool New Student

Date: _____
 Time: _____
 Check #: _____
 Amount: _____
 Charge: M/C Visa Disc A/E



2019 — 2020 Enrollment Form

LakelandChristian.org
 397 South Stemmons Freeway, Lewisville, Texas 75067
 Phone: 972-219-3939 Fax: 972-219-9601

Child's Name (*first, middle, last*): _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Age (*on Sept. 1, 2019*): _____ Birthdate (*mo./day/yr.*): _____ Sex: M ___ F ___

Father's Name: _____ Email: _____

Occupation and Business Name: _____ Business Phone: _____

Mother's Name: _____ Email: _____

Occupation and Business Name: _____ Business Phone: _____

Name of Church _____ Previous Preschool Attended: _____

Primary language spoken in the home: _____ Speak English? _____

Does this child have any Developmental Delays? _____ Ethnicity (Optional): _____

Parent/Legal Guardian signature: _____ Date: _____

<u>Class Options</u>	<u>Time</u>	<u>Days (Circle)</u>	<u>Tuition*</u>	
<input type="checkbox"/> Tots - 12-18 mos (1Day)	<input type="checkbox"/> Tots 18 - 24 mos (1 Day)	8:45 - 1:00	M, T, W, Th	\$143/month
<input type="checkbox"/> Tots - 12-18 mos (2 Days)	<input type="checkbox"/> Tots 18 - 24 mos (2 Days)	8:45 - 1:00	M/W or T/Th	\$196/month
<input type="checkbox"/> Preschool - 2's (1 Day)		8:45 - 1:00	M,T,W or Th	\$143/month
<input type="checkbox"/> Preschool - 2's (2 Days)		8:45 - 1:00	M/W or T/Th	\$196/month
<input type="checkbox"/> Preschool - 3 year old		8:45 - 1:00	T/Th	\$196/month
<input type="checkbox"/> Preschool - 3 year old		8:45 - 1:00	M/W/F	\$222/month
<input type="checkbox"/> Preschool - 3 year old 5 Days		8:45 - 1:00	M-F	\$334/month
<input type="checkbox"/> Preschool - 3 year old 5 Days full day		8:45 - 3:30	M-F	\$582/month
<input type="checkbox"/> PreK - 4 year old 2 days		8:45 - 1:00	T/Th	\$196/month
<input type="checkbox"/> PreK - 4 year old 3 days		8:45 - 1:00	M/W/F	\$222/month
<input type="checkbox"/> PreK - 4 year old 5 days		8:45 - 1:00	M-F	\$334/month
<input type="checkbox"/> PreK - 4 year old 5 days full day		8:45 - 3:30	M-F	\$582/month
<input type="checkbox"/> Stay & Play: PS 3's & PK 4's # of Days Enrolled @ \$50/Month* 1:00 - 3:30			Circle Days:	M, T, W, Th, F

*For 10 months, see Charge Draft Authorization for payment options.

To Enroll in Preschool:

- 1) Completed Enrollment Form, Charge / Draft Form (on reverse side) and applicable **non-refundable & non-transferrable** Enrollment Fee submitted to LCA Office.
- 2) Must meet age requirements by September 1, 2019.
- 3) New Students: All enrollment forms must be completed and submitted to LCA.
- 4) First tuition payment is due on or before June 1, 2019. On June 2nd enrollment may be forfeited for non-payment, space may be awarded to the next student on the waiting list. **Tuition is completely non-refundable & non-transferable.**

Cancellation Policy: All tuition and enrollment fees are non-refundable & non-transferable.

I have read and understand the cancellation policy stated above.

Print Parent Name: _____ Signature: _____ Date: _____

Lakeland Christian Academy does not discriminate on the basis of race, color, sex or national origin.

OVER



Name of Child: _____ Class/Grade for 2019-2020: _____

Parent Name: _____

Parent E-Mail Address: _____

Home address: _____ City: _____ Zip: _____

Parent Home Telephone Number: _____

ENROLLMENT FEE

Preschool Enrollment Fee: \$125. Non-Refundable & Non-Transferable Enrollment Fee

Check One:

- I am paying my Enrollment Fee by Attached Check: Payable to LCA Amount: _____
- I am paying my Enrollment Fee with the following Charge Card: please circle VISA MC DISC AMEX

Name on Card: _____ Card #: _____ Exp: _____

TUITION

Monthly Tuition Amount: _____

Form of Payment Option 1:

Name on Charge Card: _____

Charge Card Number: _____ Expiration: _____

Charge Card Type: Mastercard _____ Visa _____ Discover _____ American Express _____

Form of Payment Option 2:

Name on Bank Account: _____

Bank Routing Code: _____ Bank Account Number: _____
 (First set of numbers on bottom of check) (Second set of numbers on bottom of check)

Name of Bank: _____ Account Type: Checking _____ Savings _____

DRAFTS / CHARGES: Begin on June 1, 2019 (non-refundable & non-transferable)

Preschool Students pay over 10 months beginning June 1, 2019

There will be a \$20 service fee charged for any returned checks and credit cards unable to process.

As a convenience to me, I hereby request and authorize you to charge my account for monthly tuition payable to Lakeland Christian Academy. I agree that your rights in respect to each such charge shall be the same as if it were submitted by you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring such charges. **Tuition is non-refundable & non-transferable.**
Note: Any changes in this account number or status must be reported to LCA 5 business days prior to the end of the month.

By the signature below, I acknowledge that I have read the foregoing, understand and agree to the terms.

 Signature

 Date

OVER