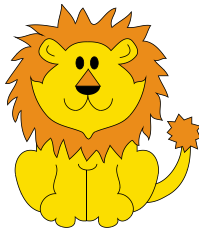


New Student  
 Currently Enrolled Student  
 Sibling of Enrolled Student

Office Use

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Check #: \_\_\_\_\_ \$ \_\_\_\_\_



# LCA Preschool

## Fall 2017—Spring 2018 Enrollment Application

LakelandChristianAcademy.org  
 397 South Stemmons Freeway, Lewisville, Texas 75067  
 Phone: 972-219-3939 Fax: 972-219-9601  
 www.LCApreschool.org ~ www.LakelandChristianAcademy.org

Charge: M/C Visa Disc A/E

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age (*on Sept. 1, 2017*): \_\_\_\_\_ Birthdate (*mo./day/yr.*): \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Does this child: Have any Developmental Delays? \_\_\_\_\_ Speak English? \_\_\_\_\_

Do you attend a local church? \_\_\_\_\_ Church Name \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Class</u>	<u>Time</u>	<u>Days (Circle)</u>	<u>Tuition*</u>
____ Tots - 12-18 mos (1Day)    ____ Tots 18 - 24 mos (1 Day)	8:45 - 1:00	M, T, W, Th	\$135/month
____ Tots - 12-18 mos (2 Days)    ____ Tots 18 - 24 mos (2 Days)	8:45 - 1:00	M/W or T/Th	\$185/month
____ Preschool - 2's (1 Day)	8:45 - 1:00	M,T,W or Th	\$135/month
____ Preschool - 2's (2 Days)	8:45 - 1:00	M/W or T/Th	\$185/month
____ Preschool - 3 year old	8:45 - 1:00	T/Th	\$185/month
____ Preschool - 3 year old	8:45 - 1:00	M/W/F	\$210/month
____ PK4 2 days	8:45 - 1:00	T/Th	\$185/month
____ PK4 3 days	8:45 - 1:00	M/W/F	\$210/month
____ PK4 or ____ Preschool 3 year old    5 days	8:45 - 1:00	M-F	\$315/month
____ PK4 or ____ Preschool 3 year old    5 days full day	8:45 - 3:30	M-F	\$550/month

\_\_\_\_ Stay & Play: PS 3's & PK 4's    1:00 - 3:30    Circle Days: M, T, W, Th, F  
 \_\_\_\_ # of Days Enrolled    1 day \$50/month    2 days \$100/month    3 days \$150/month    4 days \$200/month    5 days \$250/month

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

**Check One:**

- I am paying my Enrollment Fee by Attached Check: Payable to LCA for \$150  
 I am paying my Enrollment Fee with the following Charge Card: please circle VISA MC DISC AMEX

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

**To Enroll in Preschool:**

- 1) Completed Enrollment Application and **enrollment fee** submitted to LCA Office. \$150 **non-refundable & non-transferable** Enrollment Fee
- 2) Must meet age requirements by September 1, 2017.
- 3) All enrollment forms must be completed and submitted to LCA.
- 4) First tuition payment is due on or before June 1, 2017. On June 2<sup>nd</sup> 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**



# Lakeland Christian Academy

397 S. Stemmons Freeway

Lewisville, Texas 75067

972-219-3939

## Charge/Draft Authorization Form

Name of Child: \_\_\_\_\_ Class/Grade for 2017-2018: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Social Security Number: \_\_\_\_\_

Parent Home Telephone Number: \_\_\_\_\_

Monthly Tuition Amount: \_\_\_\_\_

### Option 1:

Name on Charge Card: \_\_\_\_\_

Charge Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Charge Card Type: Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

### 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: \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

### Drafts/Charges Begin on June 1, 2017 (non-refundable & non-transferable)

**Preschool Students** pay over 10 months beginning June 1, 2017

**K5-12th Students (Kindergarten and older)** beginning June 1, 2017 choose:

Pay over 10 months \_\_\_\_\_ or pay over 12 months \_\_\_\_\_  
(initial) (initial)

**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**