

Lakeland Christian Academy

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

2021-2022 PRESCHOOL Enrollment Form

STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Address: Street: _____ Apt: _____

City: _____ Zip: _____

Date of Birth: Mo: ____ Day: ____ Year: ____ Age (on Sept. 1, 2021): ____ Sex: Male Female

Primary language spoken in the home: English _____ Ethnicity (Optional): _____

Enrolling: **Tots PS2 PS3 PK4** ****Students must meet age requirements by September 1, 2021.****

PARENT/GUARDIAN INFORMATION #1

Father Mother Stepfather Stepmother Legal Guardian

First Name: _____ Last Name: _____ Date of Birth: Mo: ____ Day: ____ Year: ____

Address: Lives with Student

Street: _____ Apt: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____ Name of Church: _____

Occupation/Employer: _____ Work Phone: _____ Ext: _____

PARENT/GUARDIAN INFORMATION #1

Father Mother Stepfather Stepmother Legal Guardian

First Name: _____ Last Name: _____ Date of Birth: Mo: ____ Day: ____ Year: ____

Address: Lives with Student

Street: _____ Apt: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____ Name of Church: _____

Occupation/Employer: _____ Work Phone: _____ Ext: _____

To Pursue Enrollment:

- 1) All Students: Completed **Enrollment Form, Financial Responsibility Form, and Fees** submitted to LCA Office.
- 2) New Student: Placement evaluation scheduled with LCA.
- 3) New Student: **Birth Certificate, Immunization Records, Health Form, Parent Statement Form** must be submitted to LCA Office.
- 4) All Students: **First tuition payment is due on or before June 1, 2021. On June 2nd enrollment will be forfeited for non-payment and space will be awarded to the next student on the waiting list.**
- 5) Lakeland Christian Academy does not discriminate on the basis of race, color, sex or national origin.

I understand the above requirements to be considered for and to maintain enrollment in LCA. I understand that **all Fees are non-refundable and non-transferable.**

Print Name: _____ Signature: _____ Date: _____

For Office Use Only:

____ New Student
____ Currently Enrolled Student
____ Sibling of Enrolled Student
____ Waiting List

____ Birth Certificate
____ Immunization Records
____ Health Form
____ Parent Statement

____ Start Date _____
____ Gradelink Access _____
____ Family # _____
____ Car Tag _____

Fees Paid : Date: _____
Amount: _____
Check #: _____ or ACH
Charge: M/C Visa Disc A/E

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2021-2022 Financial Responsibility Form

Student: **First Name:** _____ **Last Name:** _____

<u>Class</u>	<u>Days (8:30-1pm)</u>	<u>Enrollment Fee</u>	<u>Academic Fee</u>	<u>Supply Fee</u>	<u>Tuition</u>
<input type="checkbox"/> Tots 12-18 months	<input type="checkbox"/> M/W or <input type="checkbox"/> T/Th	\$150.00	\$30.00	\$35.00	\$2150.00
<input type="checkbox"/> Tots 18-24 months	<input type="checkbox"/> M/W or <input type="checkbox"/> T/Th	\$150.00	\$30.00	\$35.00	\$2150.00
<input type="checkbox"/> PS2	<input type="checkbox"/> M/W or <input type="checkbox"/> T/Th	\$150.00	\$40.00	\$40.00	\$2150.00
<input type="checkbox"/> PS3	<input type="checkbox"/> T/Th	\$150.00	\$40.00	\$40.00	\$2150.00
	<input type="checkbox"/> M/W/F	\$150.00	\$40.00	\$45.00	\$2650.00
	<input type="checkbox"/> M-F	\$150.00	\$40.00	\$50.00	\$4000.00
	<input type="checkbox"/> M-F (8:30-3:30)	\$150.00	\$40.00	\$55.00	\$6150.00
<input type="checkbox"/> PK4	<input type="checkbox"/> T/Th	\$150.00	\$60.00	\$50.00	\$2150.00
	<input type="checkbox"/> M/W/F	\$150.00	\$60.00	\$55.00	\$2650.00
	<input type="checkbox"/> M-F	\$150.00	\$60.00	\$60.00	\$4000.00
	<input type="checkbox"/> M-F (8:30-3:30)	\$150.00	\$60.00	\$65.00	\$6150.00

Add Stay & Play P3 & PK4 (8:30-3:30): M T W Th F @ \$50/Month

FEES:

Total Fees Due: _____ ***All fees are due at the time of enrollment.***

I would like to pay for total fees due using option: 1 2 3 from below at time of enrollment.

TUITION:

Yearly Tuition: _____ Pay in Full 10 months 12 months Monthly amount (plus S & P per month): _____

I would like to pay tuition and S & P using option: 1 2 3 from below to pay tuition on or by the 1st of every month.

****The first tuition payment is due on or before June 1, 2021. On June 2nd enrollment will be forfeited for non-payment and space will be awarded to the next student on the waiting list.****

FORM OF PAYMENT:

Option 1: Check

Option 2: Credit Card (There will be a 3% processing fee when paying by debit or credit card.)

Name on Charge Card: _____

Card Number: _____ Exp: _____ Security Code: _____

Type: Visa Mastercard Discover American Express

Option 3: Bank Draft

Name of Bank: _____ Account Type: Checking Savings

Name on Bank Account: _____

As a convenience to me, I hereby request and authorize LCA to charge/draft my account for monthly tuition payable to Lakeland Christian Academy. I agree that LCA's rights in respect to each such charge/draft shall be the same as if it were submitted and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until LCA actually receive such notice, I agree that LCA shall be fully protected in honoring such charges/drafts. I understand that **all tuition and fees are non-refundable & non-transferrable.**

Note: Any changes in account numbers or payment will be reported to LCA 5 business days prior to the end of the month. There will be a \$20 service fee for charged for any checks, drafts, and charges returned or declined.

Print Name: _____ Signature: _____ Date: _____