



Legacy Christian School Early Childhood Registration Form - 2022-2023

Child's Name:

_____ *Last* _____ *First* _____ *Middle*

Child's Birthdate:

Sex: Male Female

I / We would like to register my child for : (check one)

3's and 4's Preschool - Tu/Th AM (8:45am-11:15am)

~ Tuition = \$1,130

3's and 4's Preschool - M/W/F PM (12:00pm-2:30pm)

~ Tuition = \$1,595

4's Preschool - M/W/F AM (8:45am-11:15am)

~ Tuition = \$1,595

Young 5's - M-F AM (8:00am-11:15am)

~ Tuition determined in May

English Kindergarten - M-F All Day

~ Tuition determined in May

Spanish Immersion Kindergarten - M-F All Day

~ Tuition determined in May

Class Requirements:

- * All students must be potty trained
- * 3's students must be 3 on or before Sept. 1, 2022
- * 4's students must be 3 on or before Sept. 1, 2022
- * Young 5's students must be 5 on or before Jan. 15, 2023
- * Kindergarten students must be 5 on or before Sept. 1, 2022

Before and After Care Options: (Check all that apply)

Early Drop-Off (7:45-8:45am)

~ Daily Fee = \$5

M Tu W Th F

Only Before Care (8:45am-12:00pm) / Only After Care (11:15am-3:00pm)

~ Daily Fee = \$15

M Tu W Th F

All Day Care (7:45am-3:00pm)

~ Daily Fee = \$35

M Tu W Th F

Before and After Care Things to Note:

- * Only available for preschool and young 5's students
- * Care is not available when school is not in session
- * Availability is on a first-come, first-served basis
- * Before and after care is limited to 16 students

A copy of your child's birth certificate and a non-refundable deposit is required along with this form. Deposit for early childhood classes only is \$50. If you need any additional care, the deposit is \$75. The deposit will be applied to your tuition amount. Your child's spot will be secured in a class and before/after care when this registration form, birth certificate and the deposit are received in our office.

Parent / Guardian Contact Information:

Father's Name:

_____ *Last* _____ *First*

Cell #:

Address:

_____ *Street* _____ *City* _____ *State* _____ *Zip*

Email:

Mother's Name:

_____ *Last* _____ *First*

Cell #:

Address:

(If Different)

_____ *Street* _____ *City* _____ *State* _____ *Zip*

Email:

Church Membership:

For office use only:

Date Registration Rec'd: _____

Deposit Amount: _____

Cash

Check # _____

Received By: _____

Birth Certificate Rec'd: Yes

No

Already on file