



# PRESCHOOL CLASSES

*All classes meet from  
9:00am – 2:00pm Tuesdays and Thursdays  
unless otherwise indicated.*

Please indicate what your child's age will be on Sept. 1, 2012: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Your child's birthday will determine his/her class placement.

## PARENT'S DAY OUT (PDO)

*12 months old by 9/1/12*

Registration Fee	\$30.00 per year
Supply Fee	\$30.00 per year
Tuition - Tuesday/Thursday	\$140.00 per month

<i>Tuition - Thursday only</i>	<i>\$80.00 per month</i>
<i>Tuesday drop off fee* (optional)</i>	<i>\$25.00 per day</i>

*\*If you choose "Thursday only" for the PDO Class, you may "drop off" your child on Tuesdays (with prior notice given to the teacher).*

## TWO and THREE YEAR OLD CLASSES

Registration Fee	\$40.00 per year
Supply Fee	\$40.00 per year
Tuition - Tuesday/Thursday	\$140.00 per month

## PRE-KINDERGARTEN CLASSES

*Four years old by 9/1/12*

Registration Fee	\$50.00 per year
Supply Fee	\$50.00 per year
Tuition - Tuesday/Thursday	\$160.00 per month

## Lake Ridge Academy Enrollment Agreement

I understand and agree that Lake Ridge Academy (LRA) will provide a Christian environment in which my child can learn and play.

I understand and agree that Lake Ridge Academy is dependent on the full cooperation of parents to operate properly.

I understand and agree that school hours are 9:00 a.m. to 2:00 p.m. I will be punctual about arrival and pick up times, and understand that a \$5.00 late fee will be charged after 2:10 p.m. An additional \$5.00 will be charged for each 10 minute increment that I am late picking up my child (ex.: 10 minutes late = \$5.00 late fee; 20 minutes late = \$10.00 late fee, etc.). Late fees must be paid by the following school day.

I understand and agree that a copy of this agreement will remain in the school records while my child is enrolled and for 6 months after the date of withdrawal.

I understand that it is my responsibility as the child's parent to give updates to the Director regarding any changes to my phone number, address, e-mail, my child's medical information, Security Release List, or any other changes to this application.

I understand and agree that my child may be dropped off only when the teacher is present in the room.

I understand and agree to meet my financial obligations to the school, including late fines, until I withdraw my child. I further understand that registration and supply fees are non-refundable.

I understand that supply fees are due by June 1<sup>st</sup>. If a child enrolls after June 1<sup>st</sup>, parents will pay both the Registration and Supply fees upon enrollment.

I understand and agree that tuition fees are due on the 1<sup>st</sup> day of each month and that a \$10.00 late fee will be charged after the 10<sup>th</sup> of the month and a \$20.00 late fee will be charged after the 20<sup>th</sup> of the month.

I understand that monthly tuition is due whether or not the child attends all sessions. Parents are responsible for payment of tuition until the school is notified in writing that the child is being withdrawn from school. Monthly tuition pays for the child's place in the class for the school year and is calculated on a yearly basis and divided into 9 monthly payments. The number of days attended each month will differ.

I have read the above and my questions have been answered.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
DIRECTOR

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## Lake Ridge Academy Security Procedures Agreement

LRA will exercise the utmost caution in handling the release of children at the end of their class times. Each one of the children is important and it is not possible to be too careful with their safety. The Director and staff will strictly enforce the following security procedures at all times. Your total cooperation will help us keep your child and his/her friends safe.

I understand that children will be released only to those people listed on the first page of this application (Security Release List). I further understand that it is the parent’s responsibility to inform LRA if there is someone who is NOT authorized to pick up a child.

I understand that if a child is going home with a friend on a one-time basis, a Special Permission Pick-Up form (signed and dated) will allow the child to be sent with the friend on the designated day. Verbal authorization from the parent to the Director will also be acceptable if the Director knows the family that the child is going home with.

I understand that to add or delete a person from the child’s Security Release List, a Change of Information form must be completed by the parent and signed by both the parent and Director. The Director will then notify classroom staff and change the information in the child’s records.

I understand that if a person comes to pick up a child and the school has no written parental permission to release the child, that child will not be released until one of the child’s parents can be reached by phone for authorization and the child’s password is given to the Director by the person picking up the child. The procedure will be followed regardless of the amount of time and/or inconvenience involved.

I understand that anyone who is not recognized by the staff will be required to give the child’s password and show a photo I.D. before the child is released to them. This applies to parents as well as other family and friends. Please understand that it is important to be absolutely certain of identity, and it is better to err on the side of caution.

I understand that in the rare event that a parent forgets to notify the office that someone else will be picking up his/her child, telephone authorization will be acceptable only if the Director recognizes the parent’s voice and/or can call back to the home or work to confirm identity and the child’s password is given. The call back number must be in the child’s file.

I have read the above and my questions have been answered.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
DIRECTOR

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### MEDICAL INFORMATION for

Child's Name: \_\_\_\_\_

*A current immunization record must accompany this application.*

Does your child have any conditions, physical or emotional, of which the school should be aware\*? \_\_\_\_\_  
\_\_\_\_\_

Does your child take any regular medication\*? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

*Please note that LRA staff are not allowed to administer medication unless it is specifically for a chronic condition (ex. inhaler) or a life-threatening emergency (ex. epipen).*

Does your child have any allergies\*? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Has your child had any serious illnesses, accidents, hospitalizations or surgeries\*? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

*\*If you answered "Yes" to any of the above questions, you may be asked to complete a more detailed Medical Alert Form at the discretion of the Director.*

The medical information requested below will only be accessed in case of an emergency:

Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Insurance Company: \_\_\_\_\_

Employer of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

This form is for **NEW STUDENTS ONLY**.  
 If your child attended LRA last year, you do not need to fill out this form.

***This form must be signed in the presence of a notary public.***

**MEDICAL TREATMENT AUTHORIZATION and  
 FIELD TRIP PERMISSION FORM**

**Child's Name:** \_\_\_\_\_

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative of Lake Ridge Academy to administer first aid, or, depending on the seriousness of the emergency, call paramedics, and/or transport my child to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release Lake Ridge Academy and any health care provider, and any of their respective agents, employees, officers, or representatives from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

In addition, I hereby give permission for my child to participate in any activities, which constitute a part of the Lake Ridge Academy program, whether such activities take place on Lake Ridge Bible Church property or elsewhere. I hereby grant my permission for my child to ride in any vehicle for any planned field trips of the Lake Ridge Academy program. I hereby release Lake Ridge Academy, its agents, employees, officers or representatives from any and all liability, which might arise out of my child's participation in the Lake Ridge Academy program.

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Legal Guardian (MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC)

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

STATE OF TEXAS, COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 MY COMMISSION EXPIRES