

LAYTON CHRISTIAN ACADEMY

YEARLY REGISTRATION FORM 2014 - 2015

Registration fees are non-refundable with the exception of job-related transfers out of the area.

- This form and your registration fee are required to hold your position on the priority/waiting list.
- **New Families:** LCA application must be completed and submitted within 5 days of registering.
- Priority is given to returning students who complete the registration process and turn in the \$100 (discounted) registration fee by March 3, 2014. After that date families must pay full registration fee of \$500. On March 4, 2014 positions will be opened up to new students on the waiting list.
- Should LCA not be able to accommodate your child by September 12, 2014 please call the office and request that your fees be refunded or request to remain on the waiting list. If a position becomes available by this date and you choose not to accept it, your fees will not be refunded.
- Completion of this form is not a guarantee of admission to LCA
- Families are subject to normal admissions policies.
- Please see the Tuition/Fee Schedule for further financial information.

FAMILY INFORMATION – PLEASE PRINT

PARENTS: _____ Church Attending: _____

Address _____ City, State _____ Zip _____ Home Phone _____

Mother's Cell/Work _____ Father's Cell/Work _____

Email Address (required) _____

STUDENTS' FULL NAMES	GENDER	GRADE ('14-'15)	BIRTHDATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check if:
 New Address
 New Phone #
Preschoolers – must be completely potty-trained.
Extended Care Package Needed? Yes No
EC Package # _____

I have read this form and agree to abide by the directives contained in it. I understand all registration fees are due with this form and are non-refundable except for job-related transfers. I understand if I choose to make monthly installments that I must set up tuition/EC package payments to be paid by EFT or I will be charged a \$25 monthly service fee. There is a \$30 fee on all returned checks and denied EFT payments. I agree to pay, in addition to my account balance, all attorney fees, court costs, collection agency fees, commissions and charges in the amount up to 50% of the account balance should my account be turned over for collection. I also understand that my family is responsible for 36 service hours per school year.

_____/_____
 Signature/Date

RENWEB CHECKLIST

- STUDENT INFO
- MEDICAL
- PARENT INFO
- EMERGENCY CONTACT
- TRANSPORTATION

I have entered/updated my student(s) info in RenWeb (see instruction sheet if needed) and understand that my registration is not finalized until this is completed. All boxes in RenWeb box to left must be checked.

_____/_____
 Signature/Date