



APPLICATION FOR PRESCHOOL ENROLLMENT

- Child must be **3 years old by Oct. 1st** to be eligible for 3-year-old Preschool
- Child must be **4 years old by Oct. 1st** to be eligible for 4-year-old Preschool

Today's Date _____ Starting Date _____
 Child's Full Name _____
 Date of Birth _____ Male/Female _____
 Social Security Number _____

Prices are for the full school year August 2019.-May 2020

Full Day - 7:45 a.m.-3:15 p.m.

**** ALL CHILDREN MUST BE:**

- **POTTY TRAINED** before the start of the school year
- Able to be separated from parents for extended periods of time
- Able to follow one-step directions
- Must be able to feed themselves

This application does not assure final enrollment but rather provides much of the information upon which a decision will be based.

**** PLEASE NOTE:** There will be *no financial aid* for the LUA Preschool**

NON-REFUNDABLE ENROLLMENT FEE must accompany this Student Application. New students must all include all of the following: **Immunization Record, Birth Certificate, Physical, Eye Exam, and Social Security Card.**

Lexington Universal Academy Preschool starts in August and ends in May following closely to the Fayette County Public School (FCPS) school calendar. We will have breaks for holidays and Teacher In-Service days throughout the school year.

Please indicate how you learned about the Lexington Universal Academy Preschool?

PARENT INFORMATION

FATHER's Name		Profession	E-mail
Home Address Street _____ City _____ State _____ Zip _____		Home Phone	
Place Employed	Business Address		Business Phone: Cell Phone:
Lives with student (Y/N)			
MOTHER's Name		Profession	E-mail
Home Address Street _____ City _____ State _____ Zip _____		Home Phone	
Place Employed	Business Address		Business Phone: Cell Phone:
Lives with student (Y/N)			

EMERGENCY CONTACT INFORMATION

Who can we contact in case of emergency (other than parents)?		
1. Name _____	Phone _____	Relationship _____
2. Name _____	Phone _____	Relationship _____

Name of family Physician _____

Number of Physician _____

Preferred Hospital _____

Number of Hospital _____

Other than parents, **CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW.**

1. Name _____ Phone # _____

2. Name _____ Phone # _____

3. Name _____ Phone # _____

4. Name _____ Phone # _____

Student Health Status/Medical History

Indicate any allergies: _____

Does your child have any restrictions on participating in certain activities? If so, please explain.

Do you give LUA permission to seek emergency medical care for your child in your absence?
YES/NO _____

Please answer the following questions to the best of your knowledge. This will help us provide the best education possible for your child.

Does your child separate well from parents/guardian?

How do you discipline your child?

How does he/she react?

Does your child play with any children? _____

Age of children? _____

Does your child have any special problems involving social relationships, diet, habits, discipline, etc. (Y/N)

Describe _____

What are your child's interests?

TUITION & FEES:

Tuition for 2019-2020 is \$5,250 per year per students or \$525.00 per month in 10 payments from August – May, due on the 1st of each month (other payment options are available). Please see the tuition schedule for discounts for multiple students.

I have read and I understand the tuition payment schedule. (Initials) _____

Enrollment Fees:

- New Student:* Application fee \$30, an Enrollment Fee of \$70.00 and a Materials Fee, \$250.00. Total due at Registration for new students is \$350.00.

TRANSPORTATION:

LUA does not currently have a school transportation system but we are conducting a survey to identify parent interest.

1. If your child was previously enrolled at LUA, what was the primary means of transportation?
 - a. Parent or Guardian
 - b. Carpooling with family
 - c. Carpooling with friend
 - d. Paid Service (ex: Uber, caregiver, etc.)
2. Are you interested in a transportation service provided by LUA? If interested, please complete questions #3-4.
 - a. Yes
 - b. No
3. When would you need assistance with transportation?
 - a. Drop-off in the morning
 - b. Pick-up in the afternoon
4. How much are you willing to pay for transportation service? _____

I authorize to receive communication via text, using Remind101, and understand there might be message or data charges from my cellphone carrier. (Initials)_____

I have read and I understand the Parents Volunteer Service Program. (Initials)_____

Parent/Guardian Signature_____ Today's Date_____

Lexington Universal Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship and financial aid programs, and other school administrated programs.

FOR OFFICE USE ONLY

Application Fee <input type="checkbox"/>	Enrollment Fee <input type="checkbox"/>	Material Fee <input type="checkbox"/>	Amt. Rec'd \$_____	Date Rec'd _____
			Cash <input type="checkbox"/> Ck # _____	
Birth Certificate <input type="checkbox"/>	Soc. Sec. Card <input type="checkbox"/>	Physical Exam Form <input type="checkbox"/>	Immunization Record <input type="checkbox"/>	Staff Initials _____