

Little Leopards: Puster Campus

Lovejoy Independent School District Pre-K Program

Please complete all required documents and submit them to complete the registration process.

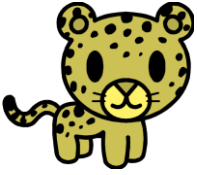
Name of Child: _____ Birth date: _____

✓	Required Documents
	Enrollment Agreement
	Deposit (cash or check #) _____ <i>Deposit due by May 1, 2017 to secure spot for the 2017-2018 year.</i>
	Admission Information and Emergency Contact Form

Please Return Completed Application Packet to:

Stacey Dillon
Assistant to the Superintendent
Lovejoy Independent School District
259 Country Club Road
Allen, TX 75002

stacey_dillon@lovejoyisd.net • 469.742.8003



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Lovejoy Independent School District Pre-K Program 2017-2018 Enrollment Agreement



Name of Child: _____ Birth date: _____

I wish to enroll my child in the following:

- 4-year-old Pre-K (must be 4 on or before September 1, 2017)
- Transitional Kindergarten (must be 5 on or before September 1, 2017)

(Please initial)

- _____ I understand this form, along with the non-refundable deposit in the amount of \$1,000 (due by May 1, 2017), will reserve a spot for my child for the 2017-2018 school year.
- _____ I understand in the event the program is deemed "full", a wait list will be started based on the date completed applications are received.

Tuition Options:

- Payment in Full: \$10,000 tuition + \$500 material/registration fee
 - Due on or before September 1, 2017
 - \$1,000 deposit will be applied to the \$10,000 tuition
- Bi-Annually: \$5,000 tuition + \$250 material/registration fee
 - 1st payment due on or before September 1, 2017
 - 2nd payment due on or before January 3, 2018
 - \$1,000 deposit will be applied to the 1st payment due
- Monthly: \$1,000.00
 - Due on the 1st of the month August 2017 – May 2018
 - \$1,000 deposit will be applied to August 2017 payment
 - \$250 material registration fee due on or before September 1, 2017 and January 3, 2018

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date



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2017-2018 Admission Information and Emergency Contacts



Child's Name: _____ Birth date: _____ Admission Date: _____

Parent/Legal Guardian

Full Name: _____ Relationship: _____

Home Address: _____

Place of Employment: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Parent/Legal Guardian

Full Name: _____ Relationship: _____

Home Address: _____

Place of Employment: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

E-Mail Address: _____

Child resides with:

Any Known Allergies: _____

If parent/guardian cannot be reached, the following person may be called in the event of an emergency:

Full Name: _____ Relationship: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

I hereby authorize the LISD Pre-K Program to allow my child to leave the LISD Pre-K Program only with the following persons. Verification of ID will be required by LISD Pre-K staff.

Full Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Full Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Full Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Signature of Parent/Legal Guardian

Date