



The Academy, A Lebanon Christian Preschool
North Campus: 1004 Columbus Ave.
South Campus: 130 Cook Rd.
Lebanon, OH 45036

North: (513)609-4242 South: (513)228-0677
academynorth@lebanonchristianschool.org
academy@lebanonchristianschool.org
www.thelcsacademy.org

Student Information

Student Name: _____ Date: _____

Last

First

M.I.

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
AM <input type="checkbox"/> FULL <input type="checkbox"/>	AM <input type="checkbox"/> FULL <input type="checkbox"/>	AM <input type="checkbox"/> FULL <input type="checkbox"/>	AM <input type="checkbox"/> FULL <input type="checkbox"/>	AM <input type="checkbox"/> FULL <input type="checkbox"/>
Half <input type="checkbox"/>	Half <input type="checkbox"/>	Half <input type="checkbox"/>	Half <input type="checkbox"/>	Half <input type="checkbox"/>

All Year ☐ School Year Only ☐

AM = 9:00-11:30am only Half = 6:30am-12:00pm

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthday: _____ Male: _____ Female: _____

Has your child ever been	YES	NO
Asked to leave any preschool?	<input type="checkbox"/>	<input type="checkbox"/>
Issued a 504 plan?	<input type="checkbox"/>	<input type="checkbox"/>
Issued an IEP? (Individualized Educational Plan)	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of above, please attach a separate sheet giving a full explanation. Enclose any necessary documentation

Church Information

Church Information: _____

Address: _____

Street Address

City

State

Zip Code

Pastor's Name: _____ Phone: _____

Family Information

Father: _____

Employer: _____ *City* _____ *State* _____ *Zip Code* _____
Work Phone: _____

Home: _____ Cell: _____ Email: _____

Mother: _____

Employer: _____ *City* _____ *State* _____ *Zip Code* _____
Work Phone: _____

Home: _____ Cell: _____ Email: _____

Siblings	Name	Age	School
----------	------	-----	--------

1. _____

2. _____

Has the prospective student's parent/guardian/step-parent or or another member of the student's immediate family ever been charged with, convicted of, or pled guilty or no contest to a crime involving a child/minor, or are there any criminal charges of this nature now pending?

YES _____ NO _____

****If yes, please provide a separate letter of explanation****

How did you hear about The Academy? Referral Church Internet Newspaper Other
--

For referrals, please indicate an LCS family who most influenced your decision to attend

Tuition Payment Agreement

I choose to pay my tuition as follows: ☐ One Year In Advance (Due August 1st) ☐ Two-Payment Plan (Aug 1 & Dec 1)
☐ Weekly (*All Day & Half Day Students only*) ☐ Monthly (*AM Students only*)

By signing this application, I understand that my tuition is due weekly and that I will receive a \$10/week late fee for all payments not paid on time.

Parent/Guardian Signature

Name: _____ Date: _____

\$130 Non-Refundable Enrollment Fee for All Students

The Lebanon Christian School recruits and admits students of any race, color, or ethnic origin of all the rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, ethnic origin in administration of its educational programs and athletics/extra curricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered or public school district initiated, desegregation. The Lebanon Christian School will not discriminate on the basis of race, color, ethnic origin in the hiring of its certified or non certified personnel.