



## Lakewood Catholic Academy Early Childhood Program

14808 Lake Avenue Lakewood, OH 44107

216-521-4352

### 2019-2020 Registration Information for New Families

Welcome to Lakewood Catholic Academy! Registration is open for the 2019-2020 school year. We are offering 9 month and 12 month options for the early childhood program ranging from infants to Pre-K. Children enrolled in the 9 month option will attend September 3, 2019 to May 22, 2020 and will follow the LCA K-8 academic calendar. Children enrolled in the 12 month option will attend year round and follow a condensed holiday schedule. Review the tentative 2019-2020 calendars for more detailed information. Please note your child's placement is not guaranteed for the 2019-2020 school year until the early childhood education office has received the registration forms and the \$175 non-refundable fee per child. Children will be placed in the order in which registration forms are received.

Please contact the early childhood education office if you need additional information.

Thank you for choosing Lakewood Catholic Academy.

Blessings,

Mrs. Jennifer Berardinelli

Executive Director of Early Childhood Learning

### Registration Checklist (please return all documents listed below):

- \_\_\_\_\_ Application for Admission
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Baptismal Certificate (if applicable)
- \_\_\_\_\_ Educational Services Form
- \_\_\_\_\_ 2019-2020 Tuition Payment Options for Early Childhood Form
- \_\_\_\_\_ Registration Fee of \$175.00 per child (non-refundable)  
Checks should be made payable to Lakewood Catholic Academy



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### Application for Admission

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Street	City	State	Zip	
Child(ren): Child's Full Name	Birthdate	Gender	Grade in Fall 2019	Applying to LCA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you affiliated with a Church/Parish? Yes No If yes, name of church/parish \_\_\_\_\_

What was the first language learned? \_\_\_\_\_

What is the language used at home? \_\_\_\_\_

What language does the child(ren) use most often? \_\_\_\_\_

Are there any other details about your child(ren) that are important for LCA to know? \_\_\_\_\_

\_\_\_\_\_

How did you hear about LCA? (Circle all that apply)

Current Family CYO Parish/Church Bulletin Friend/Neighbor Facebook Newspaper Website Other

Why would you like your child(ren) to attend Lakewood Catholic Academy? \_\_\_\_\_

\_\_\_\_\_

Please choose the option(s) you would like for your child(ren).

**2019-2020 Options**

**First Child's Name**

**Second Child's Name**

**Infant Care (six weeks - 23 months)**

**Program A:** 5 Full Days, 7am - 6pm

- 9 Month: 10 monthly payments of \$1,000
- 12 Month: 12 monthly payments of \$1,167

\_\_\_\_\_

\_\_\_\_\_

**Toddler (2 years)**

**Program A:** 5 Full Days, 7am - 6pm

- 9 Month: 10 monthly payments of \$1,000
- 12 Month: 12 monthly payments of \$1,167

\_\_\_\_\_

\_\_\_\_\_

**Preschool (3 years)**

**Program A:** 5 Full Days, 7am - 6pm

- 9 Month: 10 monthly payments of \$900
- 12 Month: 12 monthly payments of \$1,084

**Program B:** 5 Half Days, 8am - 12pm

- 9 Month: 10 monthly payments of \$420

**Program C:** 5 School Days, 8am - 3pm

- 9 Month: 10 monthly payments of \$700

\_\_\_\_\_

\_\_\_\_\_

**PreKindergarten (4 years - 5 years)**

**Program A:** 5 Full Days, 7am - 6pm

- 9 Month: 10 monthly payments of \$900
- 12 Month: 12 monthly payments of \$1,084

**Program B:** 5 Half Days, 8am-12pm

- 9 Month: 10 monthly payments of \$420

**Program C:** 5 School Days, 8am - 3pm

- 9 Month: 10 monthly payments of \$700

**Program D:** 3 School Days, 8am - 3pm

*(This is the last year this option will be offered.)*

- 9 Month: 10 monthly payments of \$450

\_\_\_\_\_

\_\_\_\_\_

**Office Use Only**

**Date Received:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Registration Fee:** \_\_\_\_\_



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### Educational Services Form

At LCA we strive to meet the educational needs of all of our students through differentiation in the classroom and through additional services provided to some of our students by consultants, assistants, speech therapists, and a school psychologist. Although we offer additional services, we are unable to provide all services that may be needed by students with exceptional learning differences. In order to determine whether your child's total educational needs can be met by LCA, we require that you provide us with the following information:

Student Name: \_\_\_\_\_

Is your child receiving special education services at this time?  Yes  No

If your child is receiving special services, please check applicable services/tutoring below:

- Services provided by Bright Beginnings
- Services provided by Help Me Grow
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Counseling
- Other Special Services (vision, hearing, orthopedic, etc.)

Does your child have a medical diagnosis (e.g. ADHD)?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child currently on a 504 plan or building accommodation plan?  Yes  No

If yes, please list the main accommodations: \_\_\_\_\_

\_\_\_\_\_

Does your child have a current IEP?  Yes  No

If yes, please provide a complete copy of the current IEP and ETR/MFE.

I acknowledge that the above information is accurate as of the date printed below. We reserve the right to revoke admission if the above required information is not disclosed at the time of application and registration.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_