



Lakewood Catholic Academy's Early Childhood Program

14808 Lake Avenue Lakewood, OH 44107

216-521-4352

2020-2021 Registration Information for New Families to the Early Childhood Program

Welcome to Lakewood Catholic Academy's Early Childhood Program! Registration is open for the 2020-2021 school year. We offer 9 and 12 month program options for children ages 6 weeks to 5 years old. Children enrolled in the 9 month option will attend September 8, 2020 to May 28, 2021 and will follow the LCA K-8 academic calendar. Children enrolled in the 12 month option attend year round following a condensed holiday schedule.

Your child's placement is guaranteed for the 2020-2021 school year once the early childhood office has received the registration fee(s) and required forms and documents listed below.

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

Thank you for choosing Lakewood Catholic Academy.

Blessings,

Mrs. Jennifer Berardinelli

Executive Director of the Early Childhood Program

Registration Checklist (please return all documents listed below):

_____ Application for Admission

_____ Copy of Birth Certificate

_____ Copy of Baptismal Certificate (if applicable)

_____ Educational Services Form

_____ 2020-2021 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

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? _____

2020-2021 Options - Please choose the option(s) you would like for your child(ren).

Child #1: _____ **Birthdate/Due Date:** _____ **Gender:** _____

- | | | | |
|--|---|----------------------------------|-----------------------------------|
| Infant, Toddler, Two Year Old: | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| Preschool (3 years) | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| | <input type="checkbox"/> 3 Half Days, 8am - 12pm | <input type="checkbox"/> 9 Month | |
| PreKindergarten (4 years - 5 years) | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| | <input type="checkbox"/> 5 Half Days, 8am-12pm | <input type="checkbox"/> 9 Month | |
| | <input type="checkbox"/> 5 School Days, 8am - 3pm | <input type="checkbox"/> 9 Month | |
| | <input type="checkbox"/> 3 School Days, 8am - 3pm | <input type="checkbox"/> 9 Month | |

Child #2: _____ **Birthdate/Due Date:** _____ **Gender:** _____

- | | | | |
|--|---|----------------------------------|-----------------------------------|
| Infant, Toddler, Two Year Old: | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| Preschool (3 years) | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| | <input type="checkbox"/> 3 Half Days, 8am - 12pm | <input type="checkbox"/> 9 Month | |
| PreKindergarten (4 years - 5 years) | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| | <input type="checkbox"/> 5 Half Days, 8am-12pm | <input type="checkbox"/> 9 Month | |
| | <input type="checkbox"/> 5 School Days, 8am - 3pm | <input type="checkbox"/> 9 Month | |
| | <input type="checkbox"/> 3 School Days, 8am - 3pm | <input type="checkbox"/> 9 Month | |

Child #3: _____ **Birthdate/Due Date:** _____ **Gender:** _____

- | | | | |
|--|---|----------------------------------|-----------------------------------|
| Infant, Toddler, Two Year Old: | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| Preschool (3 years) | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| | <input type="checkbox"/> 3 Half Days, 8am - 12pm | <input type="checkbox"/> 9 Month | |
| PreKindergarten (4 years - 5 years) | <input type="checkbox"/> 5 Full Days, 7am - 6pm | <input type="checkbox"/> 9 Month | <input type="checkbox"/> 12 Month |
| | <input type="checkbox"/> 5 Half Days, 8am-12pm | <input type="checkbox"/> 9 Month | |
| | <input type="checkbox"/> 5 School Days, 8am - 3pm | <input type="checkbox"/> 9 Month | |
| | <input type="checkbox"/> 3 School Days, 8am - 3pm | <input type="checkbox"/> 9 Month | |

<u>Office Use Only</u>	Date Application Received: _____	Initials: _____
	Date Registration Fee Received: _____	Initials: _____
	Form of Payment: _____ Cash _____ Check	Check#: _____ Initials: _____



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Educational Services Form

Lakewood Catholic Academy strives to meet the educational needs of all of our students through differentiation in the classroom and/or additional services provided by the school district of residence or other community organizations. In order to determine whether your child's complete 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
- _____ Speech Therapy
- _____ Occupational Therapy
- _____ Physical Therapy
- _____ Counseling
- _____ Other Special Services (vision, hearing, orthopedic, etc.)

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

If yes, please explain: _____

Does your child have a 504 plan or accommodation plan? Yes _____ No _____

If yes, please list the main accommodations: _____

Does your child have an 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 today. We reserve the right to revoke admission if the above required information is not disclosed at the time of registration.

Parent Printed Name: _____

Parent Signature: _____ Date: _____