

**Lexington Elementary After-School Program
(L.E.A.P.)**

Enrollment Form

STUDENT(S) INFORMATION (2014/15):

Student's Name: _____ Grade _____
Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____

PARENTS' INFORMATION:

Name: _____
Address: _____
Email: _____
Phone Nos.: Work _____ Home _____ Cell _____
 Work _____ Home _____ Cell _____

ADULTS AUTHORIZED TO PICK UP YOUR CHILD:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Which days each week would you like to enroll your child/children? Please remember the cost for the program will be \$10.00 per child per day.

Please note that once these days are chosen for the school year, changes will only be granted on a limited basis with advance notice of at least one week.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Do you have any health concerns regarding any of the children who will participate in the program? This would include allergies, medicine, etc.
