

**Lexington Extended Attendance Program
(L.E.A.P.)**

**Enrollment Form
2018-2019**

STUDENT(S) INFORMATION (2018/19):

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? Check all that apply.
Please remember the cost listed below is 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.

	A.M. Program (\$8)	P.M. Program (\$10)
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, inhaler, etc.
