

# LIFE Christian Academy † A Child's LIFE

*A Ministry of LIFE Fellowship*

11500 North Sheridan Boulevard † Westminster, Colorado 80020-3302 † 303-438-1260

## Registration Form 2017-18

**K3-12<sup>th</sup> Registration Fee: \$200.00**

PARENT NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

DAD'S WK # \_\_\_\_\_ DAD'S CELL # \_\_\_\_\_

MOM'S WK # \_\_\_\_\_ MOM'S CELL # \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

FAMILY E-MAIL ADDRESS \_\_\_\_\_

### YEARLY CURRICULUM FEE (DUE JULY 1<sup>ST</sup>)

K3 .....\$150.00	1 <sup>st</sup> -5 <sup>th</sup> Grade.....\$300.00
K4 .....\$150.00	6 <sup>th</sup> -7 <sup>th</sup> Grade .....\$300.00
K5 .....\$250.00	8 <sup>th</sup> -12 <sup>th</sup> Grade .....\$375.00

	STUDENT NAME	BIRTH DATE	CURRENT TEACHER/GRADE	GRADE GOING INTO 2017/18	TUITION RATE
<b>PLEASE CHECK SERVICES NEEDED:</b> <input type="checkbox"/> FULL CHILDCARE(7:00-5:30) <input type="checkbox"/> SCHOOL DAY(8:30-3:00) <input type="checkbox"/> HALF DAY(8:30-12:00) <input type="checkbox"/> ASAP (BEFORE SCHOOL CARE-7:00-8:00) <input type="checkbox"/> ASAP (AFTER SCHOOL CARE-(3:30-5:30))					
<b>PLEASE CHECK SERVICES NEEDED:</b> <input type="checkbox"/> FULL CHILDCARE(7:00-5:30) <input type="checkbox"/> SCHOOL DAY(8:30-3:00) <input type="checkbox"/> HALF DAY(8:30-12:00) <input type="checkbox"/> ASAP (BEFORE SCHOOL CARE-7:00-8:00) <input type="checkbox"/> ASAP (AFTER SCHOOL CARE-(3:30-5:30))					
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**PLEASE RETURN THE FOLLOWING:**

- COMPLETED REGISTRATION FORM
- REGISTRATION FEE TOTAL \$ \_\_\_\_\_  CASH       CHECK # \_\_\_\_\_
- CHARGE TO MY VISA/MC/DISCOVER # \_\_\_\_\_ EXP DATE \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

***I UNDERSTAND THAT THE REGISTRATION FEE IS A NON-REFUNDABLE, NOT-TRANSFERABLE FEE.***

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_