



2320 E Avenue R
 Palmdale, CA 93550
 (661) 273-0701
 www.lpacademy.org

Preschool Application Form

 Child's Name _____
 Nickname

 Street Address _____
 City _____
 Zip

 Second Address (if applicable) _____
 City _____
 Zip

 Date of Birth Gender: Male/ Female

Please select program for 2 – 5 years

- Full Time (6:00am-6:00pm) Part Time (8:00am-1:00pm)
 5 days a week 3 days a week 2 days a week

Days attending

Monday Tuesday Wednesday Thursday Friday Arrival Time _____ Departure Time _____

| <i>Checks Made Payable to: Living Praise Early Learning Academy Cash, Check or Money Order</i> | 5 DAYS | 3 DAYS | 2 DAYS |
|--|-------------------|-------------------|-------------------|
| | 2 - 5 years | 2 - 5 years | 2 - 5 years |
| FULL DAY 6:00AM – 6:00PM | \$165.00/ week | \$110.00/ week | \$105.00/ week |
| FULL DAY SIBLING 6:00AM – 6:00PM | \$145.00/ week | \$110.00/ week | \$105.00/ week |
| HALF DAY 8:00AM – 1:00PM | \$125.00/ week | \$95.00/ week | \$75.00/ week |

Mother's Name

Home Phone

Cell Phone

Place of Employment

Occupation

Business Phone

Email Address

Father's Name

Home Phone

Cell Phone

Place of Employment

Occupation

Business Phone

Email Address

Child lives with: Mother Father Both Guardian Other: _____

Please remember to enclose your non-refundable \$100 Application Fee

I certify that all the above information on this application form is true and correct to the best of my knowledge.

Parent's Signature

Date

FOR INTERNAL USE ONLY

Reviewed by _____

Date _____

Status approved denied

Financial assistance needed? yes no

Scholarship application given? yes no

Notes: _____

