



Early Childhood Program

Application for Admission

PARENT INFORMATION

Parent Name: _____

Place of Employment: _____

Occupation: _____

Work Number: _____

Cell Number: _____

Email Address: _____

PARENT INFORMATION

Parent Name: _____

Place of Employment: _____

Occupation: _____

Work Number: _____

Cell Number: _____

Email Address: _____

HOME ADDRESS

CITY

STATE

ZIP CODE

ADDITIONAL INFORMATION

Are you affiliated with a Church/Parish? YES NO If yes, name of Church/Parish: _____

FIRST LANGUAGE LEARNED

LANGUAGE USED AT HOME

LANGUAGE USED MOST OFTEN

ARE THERE ANY OTHER DETAILS ABOUT YOUR CHILD(REN) THAT LCA SHOULD KNOW?

WHY WOULD YOU LIKE YOUR CHILD(REN) TO ATTEND LAKEWOOD CATHOLIC ACADEMY?

HOW DID YOU HEAR ABOUT LCA? PLEASE CHECK ALL THAT APPLY.

LCA WEBSITE

PARISH/CHURCH BULLETIN

FRIEND/NEIGHBOR

CURRENT LCA FAMILY: _____

CYO

SOCIAL MEDIA

OTHER: _____

FOR OFFICE USE

Date Received: _____ Initials: _____

Continue to program options and selection.

FIRST CHILD

Name: _____ Birthdate/Due Date: _____ Gender: _____

Infant / Toddler / Two-Year-Old:	5 Full Days, 7:30am to 5:30pm	9-Month	12-Month
2 ^{1/2} Year-Old:	2 Half Days, 8:00-11:00am*	9-Month	
Preschool (3 Years Old):	5 Full Days, 7:30am to 5:30pm	9-Month	12-Month
	3 School Days, 8:00am to 3:00pm*	9-Month	
	3 Half Days, 8:00am to 12:00pm*	9-Month	
Pre-Kindergarten (4 to 5 Years Old):	5 Full Days, 7:30am to 5:30pm*	9-Month	12-Month
	5 School Days, 8:00am to 3:00pm*	9-Month	
	5 Half Days, 8:00am to 12:00pm*	9-Month	
	3 School Days, 8:00am to 3:00pm*	9-Month	

**Child must be fully toilet trained to enroll in these programs.*

SECOND CHILD

Name: _____ Birthdate/Due Date: _____ Gender: _____

Infant / Toddler / Two-Year-Old:	5 Full Days, 7:30am to 5:30pm	9-Month	12-Month
2 ^{1/2} Year-Old:	2 Half Days, 8:00-11:00am*	9-Month	
Preschool (3 Years Old):	5 Full Days, 7:30am to 5:30pm	9-Month	12-Month
	3 School Days, 8:00am to 3:00pm*	9-Month	
	3 Half Days, 8:00am to 12:00pm*	9-Month	
Pre-Kindergarten (4 to 5 Years Old):	5 Full Days, 7:30am to 5:30pm*	9-Month	12-Month
	5 School Days, 8:00am to 3:00pm*	9-Month	
	5 Half Days, 8:00am to 12:00pm*	9-Month	
	3 School Days, 8:00am to 3:00pm*	9-Month	

**Child must be fully toilet trained to enroll in these programs.*

Continue adding children, if applicable.

THIRD CHILD

Name: _____ Birthdate/Due Date: _____ Gender: _____

Infant / Toddler / Two-Year-Old:	5 Full Days, 7:30am to 5:30pm	9-Month	12-Month
2 ^{1/2} Year-Old:	2 Half Days, 8:00-11:00am*	9-Month	
Preschool (3 Years Old):	5 Full Days, 7:30am to 5:30pm	9-Month	12-Month
	3 School Days, 8:00am to 3:00pm*	9-Month	
	3 Half Days, 8:00am to 12:00pm*	9-Month	
Pre-Kindergarten (4 to 5 Years Old):	5 Full Days, 7:30am to 5:30pm*	9-Month	12-Month
	5 School Days, 8:00am to 3:00pm*	9-Month	
	5 Half Days, 8:00am to 12:00pm*	9-Month	
	3 School Days, 8:00am to 3:00pm*	9-Month	

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FOURTH CHILD

Name: _____ Birthdate/Due Date: _____ Gender: _____

Infant / Toddler / Two-Year-Old:	5 Full Days, 7:30am to 5:30pm	9-Month	12-Month
2 ^{1/2} Year-Old:	2 Half Days, 8:00-11:00am*	9-Month	
Preschool (3 Years Old):	5 Full Days, 7:30am to 5:30pm	9-Month	12-Month
	3 School Days, 8:00am to 3:00pm*	9-Month	
	3 Half Days, 8:00am to 12:00pm*	9-Month	
Pre-Kindergarten (4 to 5 Years Old):	5 Full Days, 7:30am to 5:30pm*	9-Month	12-Month
	5 School Days, 8:00am to 3:00pm*	9-Month	
	5 Half Days, 8:00am to 12:00pm*	9-Month	
	3 School Days, 8:00am to 3:00pm*	9-Month	

**Child must be fully toilet trained to enroll in these programs.*

Complete the Educational Services Form.



Educational Services Form

Early Childhood Program

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:

CHILD'S 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