



**Lebanon Christian Schools
The Academy**

130 Cook Rd.
Lebanon, OH 45036

513-228-0677
academy@lebanonchristianschool.org

Crusader Club Enrollment

Student Information

Student Name: _____ Date: _____

	Last	First	M.I.		
Monday	Tuesday	Wednesday	Thursday	Friday	
AM	AM	AM	AM	AM	
PM	PM	PM	PM	PM	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Year Only All Year

AM = Drop off anytime after 6:30am PM = Drop off anytime after 12:00pm

Please Answer The Following Questions

Will your child be bussed to The Academy?

YES NO If Yes - Please list arrival time and bus # _____

Will your child be bussed to school from The Academy?

YES NO If Yes - Please list pick up time and bus # _____

Would you like to send your child on Snow Days?

Would you like to send your child on Holiday Breaks?

Address: _____

City: _____

Age: _____ Birthday: _____ Male: Female:

Parent Information

Father: _____

Address: _____

City

State

Zip Code

Employer: _____ Work Phone: _____

Home: _____ Cell: _____ Email: _____

Mother: _____

Address: _____

City

State

Zip Code

Employer: _____ Work Phone: _____

Home: _____ Cell: _____ Email: _____

Has the prospective student's parent/guardian/step-parent or or another member of the student's immediate family ever been charged with, convicted of, or pled guilty or no contest to a crime involving a child/minor, or are there any criminal charges of this nature now pending?

YES _____ NO _____

If yes, please provide a separate letter of explanation

Payment Information

Please indicate your form of payment:

Credit Card (All major CC's accepted) Bank Withdrawal (Routing # and acct # needed) ****2.5 Service Charge****

By signing this application I understand that my tuition is due weekly and that I will receive a \$10/day late fee for all payments not paid on time,

Parent/Guardian Signature

Name: _____

Date: _____

\$50 Enrollment Fee

Make Checks Payable to: The Academy

Paid: _____