



**Lebanon Christian Schools
The Academy**

130 Cook Rd.
Lebanon, OH 45036

513-228-0677
academy@lebanonchristianschool.org

Crusader Club Application

Student Information

Student Name: _____ Date: _____

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

Payment Information

I choose to pay my invoice as follows:

____ Weekly Payments ____ Monthly Payments

Please indicate your form of payment:

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

****3% service charge****

****1% service charge****

Check

Cash

Parent/Guardian Signature

Name: _____

Date: _____

\$25 Application Fee

Make Check Payable to: The Academy

Paid: _____