



## Extended Day Application 2025-2026

L.E.A.D. Academy Classical School

Morning Hours 6:30am-7:30am Monday-Friday

Afternoon Hours 2:00pm-6:00pm Monday-Friday

*Fill out this form completely. Both parents/guardians must sign the Parental Contract on back.*

Registration Fee: **\$50.00 per family**

Weekly Fee: **\$80.00**

Daily Fee: **\$25.00**

Daily A.M. Only Fee: **\$10.00**

**ALL FEES AND PAYMENTS ARE NON-REFUNDABLE**

### FOR OFFICE USE ONLY

Registration Date: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please indicate which program you will use: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ daily

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First M.I. Last

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First M.I. Last

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First M.I. Last

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First M.I. Last

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ I agree to keep my information updated and current with L.E.A.D. Academy  
(please initial)

If your child has any allergies or medical conditions please list them here:

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**Authorized Pick-up Information:**

Please list all additional contacts who have clearance to pick up your child from school. Proper identification is required before release of your child to any of the listed contacts.

\_\_\_\_\_My child may be picked up by mother ( ) and/or father ( )  
(please initial)

Name	Relationship to Student	Phone #

**Financial Agreement for 2025-2026**

I, \_\_\_\_\_, understand that L.E.A.D. Academy Classical School charges extended day fees on a weekly basis. I agree to make weekly payments beginning in August and continuing through May. I also understand, if a payment is not received by the last day of the month, a \$50.00 late fee will be added to the bill and enrollment may be terminated by the school.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Extended Day Parental Contract**

L.E.A.D. Academy's educational mission involves working with the home in the overall Christian and Classical education of students. On occasion, this cooperation between the school and the home may become difficult. To avoid such situations, the school requests that parents/legal guardians sign the following commitment to support, and cooperate with, the school:

As parent or legal guardian, I will discuss all complaints with my child's teacher or the program director. I understand that suggestions can be brought to my child's counselor, or the program director. I understand that if at any time the school determines, in its sole discretion, that my actions do not support the ministry of the school or reflect a lack of cooperation and commitment to the home and school working together, the school has the right to require the withdrawal of my child. Upon signing this application, I hereby agree to abide by all of the policies stated in the Application.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_