

Lakewood Methodist AfterCare Express
ENROLLMENT FOR SCHOOL YEAR 2024-2025

Child's Name: _____ Please circle: Boy Girl

Birthdate: _____ Age child will be on Aug. 1, 2024: Years _____ Grade entering: _____

Mom name: _____ phone number: _____ email: _____

Dad name: _____ phone number: _____ email: _____

Mom address (street, city, zip): _____

Dad address (street, city, zip): _____

Please circle your enrollment option:

Full Time (5 days per week) Part Time/3 days per week Part Time/2 days per week

If part time, please circle your days (these stay the same each week)

Monday Tuesday Wednesday Thursday Friday

Please circle your tuition payment option for the school year: Private Pay or Childcare Voucher

Please circle your method of payment for the \$150 enrollment fee: Cash Check Bank Draft

List siblings in the program: _____

Are you a member of this church? (please circle) Yes No

Children will be placed in classes in the order enrollment forms are received. AfterCare Express is only available to students that attend Lakewood Elementary. We can start accepting enrollment forms for current ACE students on 2/12/24 and new ACE students on 3/4/24.

We must have a form for each child you are enrolling. **A non-refundable, non-transferrable \$150 enrollment fee MUST accompany this form.** Make checks payable to "LUMC ACE" and mail/bring to the following address: LUMC ACE, Attn: Sarah Ables, 1922 Topf Rd., North Little Rock, AR 72116.

For Office Use Only

Date: _____ Amt: _____ Check# _____ Cash _____ Draft _____