

Legacy Christian Academy

PO Box 4491, Fairview Heights, Illinois 62208 * Phone: (618) 345-9571 * Fax: (618) 825-0744 www.LegacyChristianAcademy.info * Email: info@LegacyChristianAcademy.info

Child's Name (first)	(middle)		
Preferred Name:			
Date of Birth:	Sex:Eth	nicity:	Grade
	ethnicity for statistical reporti	• • •	
Students P	rimary Address (whe	ere chila resides)	
Street Address:			
City/State/Zip:			
Two primary parent phone numbers #1: _		#2	
Allergies and medications			
Medical conditions:			
nary Financially responsible parent IM	OPORTANT! ***(tl	nis parent will set u	up the online FACTS acc
maintain and pay online inv			
Father's Name:		(Stepfather or	Guardian. Please circle one)
Address: (if different than student)			
City/State/Zip			
Home Phone:	Cell Phone: _		
Place of Employment:	Occupation		
Full Business Address:		Work Phone:	
E-mail address: *Required			
Mother's Name:		(Stepmother or	Guardian. Please circle one)
Address: (if different than student)			
City/State/Zip			-
Home Phone:	Cell Phon	ie:	
Place of Employment:	Occur	nation	
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Full business Address:	-	-	ne:

Legacy Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to LCA students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admissions procedures, tuition assistance awards, and other school administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying disability, or whose personal life-style is not in harmony with the stated philosophy and purpose of Legacy Christian Academy

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Name	Address		Phone	Relationship to child
Name	Address		Phone	Relationship to child
<u>I give permissi</u>	ion to Legacy Christian Academy to	assist my child in	emergencies ı	ısing the following:
	Call a local ambulance serv	Yes	No	
	5 •	Information:		
		in emergency:		
Name:	Number _		Relations	hip
Name:	Number _		Relations	hip
Name:	Number		Relations	hip
leave the sc	hool with <u>anyone but parents and the</u>	persons listed belo	w. A photo ID	will be required.
Before Care	Before and After Care starts at 7:00am. Students are dismis	Hours and Late I	Pickup are to their class	sroom at 8:25am.
Before Care	Before and After Care starts at 7:00am. Students are dismis nours from 3:30pm to 5:30pm – Late	Hours and Late I sed from Before Capickup will result in	Pickup are to their class	sroom at 8:25am.
Before Care	Before and After Care starts at 7:00am. Students are dismis nours from 3:30pm to 5:30pm – Late Monthly Co	Hours and Late I sed from Before Ca pickup will result in st Per Student	Pickup are to their class	sroom at 8:25am.
Before Care	Before and After Care estarts at 7:00am. Students are dismis nours from 3:30pm to 5:30pm – Late part of Monthly Corner Registrat	Hours and Late I sed from Before Capickup will result in	Pickup are to their class	sroom at 8:25am.
Before Care	Before and After Care e starts at 7:00am. Students are dismis nours from 3:30pm to 5:30pm – Late p Monthly Co Registrat \$5.00 per ha	Hours and Late I sed from Before Capickup will result in st Per Student ion \$25.00	Pickup are to their class	sroom at 8:25am.
Before Care	Before and After Care e starts at 7:00am. Students are dismist nours from 3:30pm to 5:30pm – Late p Monthly Co Registrate \$5.00 per hat Before Care	Hours and Late I sed from Before Capickup will result in st Per Student ion \$25.00 alf an hour or: are \$150.00 re \$150.00	Pickup are to their class	sroom at 8:25am.
Before Care	Before and After Care e starts at 7:00am. Students are dismist nours from 3:30pm to 5:30pm – Late p Monthly Co Registrate \$5.00 per hat Before Care	Hours and Late I sed from Before Capickup will result in st Per Student ion \$25.00 alf an hour or: are \$150.00	Pickup are to their class	sroom at 8:25am.
Before Care	Before and After Care e starts at 7:00am. Students are dismis nours from 3:30pm to 5:30pm – Late p Monthly Co Registrat \$5.00 per ha Before Ca After Ca Before and After Paymen	Hours and Late I sed from Before Capickup will result in st Per Student ion \$25.00 alf an hour or: are \$150.00 re \$150.00 ter Care \$200.00	Pickup are to their class a a \$1.00 per mi	sroom at 8:25am.
Before Care After Care h	Before and After Care e starts at 7:00am. Students are dismist nours from 3:30pm to 5:30pm – Late p Monthly Co Registrat \$5.00 per ha Before Ca After Ca Before and After Payment All payments will be made	Hours and Late I sed from Before Capickup will result in st Per Student ion \$25.00 alf an hour or: are \$150.00 re \$150.00 ter Care \$200.00 ter	Pickup Are to their class Are a \$1.00 per mi	sroom at 8:25am. inute late charge.
Before Care After Care h	Before and After Care e starts at 7:00am. Students are dismist nours from 3:30pm to 5:30pm – Late p Monthly Co Registrat \$5.00 per ha Before Ca After Ca Before and After Payment All payments will be made me administrative enrollment fee of \$2	Hours and Late I sed from Before Capickup will result in st Per Student ion \$25.00 alf an hour or: are \$150.00 re \$150.00 ter Care \$200.00 ter	Pickup are to their class a \$1.00 per mi	sroom at 8:25am. inute late charge.
Before Care After Care I	Before and After Care e starts at 7:00am. Students are dismist nours from 3:30pm to 5:30pm – Late p Monthly Cor Registrat \$5.00 per hat Before Car After Car Before and After Payment All payments will be made the administrative enrollment fee of \$2 will result in a \$25.00 late fee added of	Hours and Late I sed from Before Capickup will result in st Per Student ion \$25.00 alf an hour or: are \$150.00 are \$150.00 are Care \$200.00 are Tare \$25.00 added onto your open to your next mon	Pickup The region of their class of a \$1.00 per minus The region of their class of a \$1.00 per minus The region of their class of their cl	sroom at 8:25am. inute late charge. S bill for the current school voice. Invoices left unpaid

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Please keep this document for your records.

Family Portal Set up.

Once your application is complete your student (students) will be added to our system, and you will be charged registration per student.

Your financially responsible parent will receive an email with the Username and Password for them to login and pay registration.

Login to your FACTS account at info@legacy Christian Academy.info



A new window will open asking you to enter in the **District code**, **which is LC-IL**.

If you have trouble after this step, please call the office at 618-345-9571

<u>Financial-</u> Incidental Billing
This is where you can make your payments to Legacy Christian Academy

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