



Program Re-enrollment Form

Child's Name: _____ Student ID: _____

Parent Name: _____

Current attending campus _____

Today's Date _____ First Day of attendance: _____

Please complete a separate form for each child.

I want to re-enroll my child in the below program(s): **A \$20.00 Re-enrollment Fee applies**

PT Before School PT After School FT Before School FT After School

\$400 Family Max LKC Staff Kids KEEP

I understand the **Program Re-enrollment form must be completed 2 business days prior to the first date of attendance** and sent to the Community Education Department at: communityeducation@legacytraditional.org. I understand there will be a \$20.00 non-refundable re-enrollment fee. It is the responsibility of the parent/guardian to provide current enrollment information in order to be billed accurately.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

CES Representative _____

Date Received _____

Revised 11/8/2017