



## Program Re-enrollment Form

Child's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_  
 Current attending campus \_\_\_\_\_ Currently on Auto Charge: Y \_\_\_ N \_\_\_  
 Today's Date \_\_\_\_\_ Effective Date of Re-enrollment: \_\_\_\_\_

*Please complete a separate form for each child.*

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

- PT Before School   
  PT After School   
  FT Before School   
  FT After School  
 FT Before and After   
  PT Before and After   
  Drop in Before and After   
  LKC Camp Days   
 Dates: \_\_\_\_\_

I understand the **Program Re-enrollment form must be completed 2 business days prior to the effective date** and sent to the Community Education Department at: [communityeducation@legacytraditional.org](mailto:communityeducation@legacytraditional.org) . I understand there will be a \$20.00 non-refundable re-enrollment fee, should I decide to reinstate in this program. It is the responsibility of the parent/guardian to provide current enrollment information in order to be billed accurately.

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

Parent ID Number(Driveline Number) \_\_\_\_\_

For Office Use Only

CES Representative \_\_\_\_\_

Date Received \_\_\_\_\_