



Learning Academy Preschool
972-429-0801 infolap@wylieumc.org
2026 - 2027 Registration Form



LAP is a private, licensed Preschool that offers childcare to ages 18 months to 4 (Pre-K). Hours: Mon-Thurs 9-1:45. 3- and 4-year-olds must be toilet trained and self-sufficient in the bathroom before the start of the school year.

Child's Name (Last) _____ (First) _____ (M.I.) _____

(Preferred Name) _____ Sex _____ Birth date _____ Age as of Sept. 1, 2026 _____

Home Address _____ City _____ Zip _____

Mother's Name _____ Cell phone _____

Mother's Workplace _____ Work phone _____

Father's Name _____ Cell phone _____

Father's Workplace _____ Work phone _____

Mom's Email: _____ Dad's Email: _____

Lap Student's T-shirt size (included in the cost of Reg. fee) extra small size 2-4 _____, small size 6-8 _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached, and my child becomes ill or requires emergency medical treatment, I authorize the person in charge to take my child to the appropriate hospital emergency room to secure all necessary medical care for my child.

I give consent to the facility to secure all necessary medical care for my child.

Signature of Parent or Legal Guardian

Date

Print Name

Student's Physician Name: _____ Phone No. _____

Insurance Provider: _____ Policy No.: _____ Group No.: _____

Please list any medical conditions that your child may have, such as allergies, existing illness, previous serious illness, injuries, surgeries, or hospitalization in the past 12 months. List below:

Food allergies? Yes No If yes, please list: _____

Dietary Restrictions? Yes No If yes, please list: _____

Student Pick Up List/Emergency Contacts

Emergency contacts must be local and available for student pick-up. In the event a parent or guardian cannot be reached, LAP will contact the individuals listed below in the order provided.

Name _____ (Relationship)	Phone _____	Driver's License # _____
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Name _____ (Relationship)	Phone _____	Driver's License # _____
Name _____ (Relationship)	Phone _____	Driver's License # _____

Student Photography/Facebook/Parent Release

I give permission for LAP to use my child's photos on the private class Facebook Page (you will be invited to the classroom's private Facebook page).

I give permission for LAP to use my child's photos on the Learning Academy Preschool Facebook Page.

I give permission for Wylie UMC to use my child's picture for promotional purposes.

I give permission for my child to participate in all class food activities.

I DO NOT give permission for my child to participate in all class food activities.

Signature of Parent or Legal Guardian

Date

Acknowledgment of Student Handbook

I have read an online copy of LAP's Parent Handbook policies.

Signature of Parent or Legal Guardian

Date

Financial Agreement & Tuition Policy | Learning Academy Preschool 2026-27

This agreement outlines the financial responsibility of the parent or guardian for the 2026-2027 school year. Tuition is based on the number of days in the 9-month school year and is divided into nine equal monthly payments. Payments are billed on the 1st of each month and are due by the 15th, beginning in August and ending in April.

Fees

- **Registration Fee (non-refundable):** \$175.00, this includes a school T-shirt
- **Supply Fee (Due by June 1, non-refundable after August 1st):**
 - Two-day program \$175
 - Four-day program \$350
- **Program Monthly Tuition:**
 - Two-day program: \$290.00 per month
 - Four-day program: \$540.00 per month
- **Paying-in-Full Option:**
 - Families may choose to pay the full year of tuition by August 15th and receive a 3% discount.
 - Two-day program (paid in full): \$2,531.70
 - Four-day program (paid in full): \$4,714.20

Payment Methods

- Registration and supply fees must be paid by cash or check.
- Tuition payments may be paid by cash, check, or credit. Credit card payments are processed through the Child Pilot app and incur a processing fee, which is paid at the time of transaction.

Once all paperwork is submitted and entered into the system, you will receive an invitation to join Child Pilot.

Late Payments and Fees

- Payments not paid by the 20th will incur a \$25.00 late fee per week.
- A \$45 fee will be assessed for any Non-Sufficient Funds check, and cash payment will be required.
- A late pick-up fee of \$10.00 will be charged after 2:00 pm.

Withdrawal Policy/Tax Statements

- A 30-day written notice is required to withdraw your child from the program. If a 30-day notice is not given, you will be responsible for the next month's payment.
- End of year statements are available on the Child Pilot app.

Closings:

- LAP will follow the Wylie ISD closing and reopening dates for BAD WEATHER DAYS.

Please rank your first (1), second (2), and third (3) program preferences:

____ Monday/Wednesday ____ Tuesday/Thursday ____ 4-day Mon-Thursday

To secure your child's spot, please ensure the following items are received by the preschool office.

Registration form Reg. Fee Doctor's Statement of Health Current Shot Record Supply fee by June 1

Extended Hours Policy & Registration Form

Extended care can be used daily or can be used as needed. If circumstances arise in which you need extended care at the last minute, please let the director know via phone, text or Child Pilot messaging and we can accommodate.

Extended Hours Program

Extended hours are available for families who need additional care after the regular school day. Parents may enroll their child for either:

- **1 hour** (until 2:45 PM) \$10.00
- **2 hours** (until 3:45 PM) \$20.00

Program Requirements

- All students participating in Extended Hours must be fully toilet trained.

Program Schedule

- The first hour includes a state-mandated rest period and snack time.
- The remainder of the afternoon features 2-3 engaging activities focused on brain development, creativity, and learning.

Snack Policy

- Parents are responsible for providing a nutritious snack for their child to enjoy during the extended-hour period.

Extended Hours Registration

Child's Name (Last) _____ (First) _____ (M.I.) _____

Extended Hours (please check your preference):

1 Hour (2:45 pm dismissal time) **2 Hour** (3:45 pm dismissal time)

Mon. Tues. Wed. Thurs.
(Circle the day(s) of the week)

Who will be picking up your child these days? _____

Please sign here as authorization: _____
(Parent's signature)



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Doctor's Signature and Statement of Health

Student's Full Name: _____ Date of Birth: _____

Healthcare Professional's Statement:

I have examined the above-named student within the past year and find that he/she is able to take part in the 2026-2027 school year at Learning Academy Preschool.

Physician's Signature (required)

Date

Physician's Address

Phone number

Please attach the immunization record. 4-year-olds also include Vision and hearing tests.

Be sure doctor signature/stamp is included.