

## 3K Registration Request Form 2024/2025 School Year Lakeside Academy

Parent/Guardian	Phone Number	Email Address

Student Name	Student Birthdate

Preferred Schedule			
Days of the Week <i>Circle all days needed</i>	Schedule Options <i>Please choose one</i>		
M T W R F	3K Hours Only	6 hours of Less	Full Days
	9am-12pm	Times needed:	6am - 6pm

For Office Use Only			
<i>Registration Accepted</i>	<i>Enrollment Fee Paid</i>	<i>Brightwheel Invite</i>	<i>Contact Information Added</i>

*I acknowledge and agree to all terms and conditions indicated above.*

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_