

# Lexington Baptist Academy Registration 2026-2027 School Year

Lexington Baptist Academy will offer classes for children ages 18 months through kindergarten for the 2026–2027 school year. Our kindergarten program allows students to continue learning and growing at LBA as they prepare for elementary school.

Registration forms must be completed in full and may be turned in beginning **January 6th**. The registration fee will be charged to your Brightwheel account and must be paid to secure your child's placement.

Students will be placed in classes as space allows. If a class is full, your child will be added to the waiting list.

Please register your child for the specific days you would like them to attend. Teacher contracts and class placements change each year, and our administrative staff carefully balances classes by age and gender to support a successful classroom environment. **We do not accept teacher requests**, as teacher placements for the upcoming year are not finalized at this time. Every teacher at LBA considers this work a ministry and is gifted in lovingly instructing each child. We prayerfully consider each placement to ensure your child is in the most appropriate classroom.

**Current LBA Families Registration will begin January 6, 2026**

**LBC Member Registration will begin January 20, 2026**

**Public Registration will begin on Tuesday, February 3, 2026, at 9:00am in the Next Gen Building Lobby. Entrance is located on Creps Street.**

*The first day of School will be Monday August 17, 2026, and the last day of School will be Wednesday, May 12, 2027.*

Thank you for your support towards Lexington Baptist Academy. If you have any questions, feel free to contact Jeany Watkins (Director) at [jwatkins@lexingtonbaptist.org](mailto:jwatkins@lexingtonbaptist.org) or Angie Fowler (Assistant Director) at [angie@lexingtonbaptist.org](mailto:angie@lexingtonbaptist.org).

Thank you,

Jeany Watkins



# Lexington Baptist Academy

## 2026-2027 School Year Registration Form

<u>Office Use Only</u> Registration Fee pd: __/__/____ Cash/ B.W./ Check # _____ Classroom: _____
--

**Classes:** Please check one of the following options below. **Must be of age by 9/1/2026**

18-month-old Program	2-day M/T _____	2-day W/Th _____	4-day M-Th _____	
2K Program	2-day M/T _____	2-day W/Th _____	3-day M-W _____	4-day M-Th _____
3K Program ( <b><u>must be fully potty-trained</u></b> )		2-day W/Th _____	3-day M-W _____	4-day M-Th _____
4K Program	3-day M-W _____	4-day M-Th _____		
5K Program	4-day M-Th _____			

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age as of September 1, 2026: \_\_\_\_\_ Sex: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Family Information**

Mother's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_  
Email address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_  
Email address: \_\_\_\_\_

Does the child reside with both parents? \_\_\_\_\_ If no, with whom: \_\_\_\_\_

Family Code Word (required): \_\_\_\_\_

List of brothers and sisters of child:

Name \_\_\_\_\_ Age as of September 1, 2026 \_\_\_\_\_  
Name \_\_\_\_\_ Age as of September 1, 2026 \_\_\_\_\_  
Name \_\_\_\_\_ Age as of September 1, 2026 \_\_\_\_\_

### **Church Information**

Family's Church Membership \_\_\_\_\_ If none, preference \_\_\_\_\_  
Does the child attend Sunday School? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Emergency Instructions**

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, hereby grant to Lexington Baptist Academy Staff the right to act on my behalf in case emergency medical treatment is necessary and, if needed, to transport to Lexington Medical Center, by calling 911, to secure the safety and well-being of my child, \_\_\_\_\_, until such time I can be located. I will be responsible for all expenses incurred.

If not Lexington Medical Center, where? \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Information:**

A. Does the child have allergies? \_\_\_\_\_

If so, please specify: \_\_\_\_\_

B. Is emergency treatment needed for these allergies? \_\_\_\_\_

If so, please specify: \_\_\_\_\_

**Medical Remarks:** Please list anything that would restrict your child's physical ability to participate fully in all parts of the program. Please include any specific medical problems.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Information:** Please list any medications that your child will have at the preschool and purpose of medication. A separate permission form will be needed for all medications given while at Lexington Baptist Academy. The LBA staff will not administer medication unless a parent leaves written instructions and medications are in original container.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Remarks: Please** list any special instructions or any other information which you feel may help the Academy staff work better with your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

In case of an emergency and parents cannot be located, whom may we contact locally? (Please list two people)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Additional number: \_\_\_\_\_

Address: \_\_\_\_\_

Permission to pick-up child from Lexington Baptist Academy: yes \_\_\_\_\_ no \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Additional number: \_\_\_\_\_

Address: \_\_\_\_\_

Permission to pick-up child from Lexington Baptist Academy: yes \_\_\_\_\_ no \_\_\_\_\_

**Permission to Pick-up**

The following people besides the parents and/or emergency contacts are given permission to pick up my child, \_\_\_\_\_, from Lexington Baptist Academy. Proof of identification will be used through Driver's License, Family Code Word, and Student Number (given out during school orientation).

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Additional number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Additional number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Additional number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Additional number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization Form**

**Permission to Participate:**

Parent Initials \_\_\_\_\_

I hereby give my child permission to participate in all activities of Lexington Baptist Academy; including field trips (Students 18-months-old to 3K will not leave the church property for field trips). I understand that every precaution will be always taken for the safety of my child, and I will not hold the Academy, the Staff, or Lexington Baptist Church responsible in case of an accident. (Field trips will be listed on the calendar that comes home the first of every month.)

**Permission to use Photographs and/or Videos:**

Parent Initials \_\_\_\_\_

I hereby give Lexington Baptist Academy and Lexington Baptist Church permission to use photographs or video of my child, individually or in-group settings, during the school year. These photographs/videos may be used in promotional materials, projects, on bulletin boards, and on the Lexington Baptist Academy and Lexington Baptist Church Facebook page.

**Release Information:**

Parent Initials \_\_\_\_\_

I release and forever discharge Lexington Baptist Church, the Academy of LBC and the staff of LBC and the Preschool from all claims, demands, actions, or causes of action, past, present, or future arising from the use of said photographs/videos.

**Permission for State or Local Newspaper:**

Parent Initials \_\_\_\_\_

Occasionally the state or local Newspaper comes to Church to photograph an activity for publication. Permission is hereby given for my child to be included in such photographs and publication.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Financial Information

### Registration Fee:

A non-refundable Registration Fee of \$150 is due when the registration form is submitted to hold a place in the Academy Program. This may be paid for via cash, check, or Brightwheel. Siblings receive a \$10 discount on Registration Fees. Lexington Baptist Church Members receive a \$15 discount on Registration Fees.

### Supply Fee:

There is a yearly supply fee for all students. This includes Music Class for all students and Art Class for our three-year-old, four-year-old, and Kindergarten programs.

### Tuition:

Tuition is charged from August 2026 through May 2027. **August Tuition is prorated half of the monthly tuition.**

### Late Fees:

Tuition is due by the 10<sup>th</sup> of each month. A late fee of \$25 will be applied on the 25<sup>th</sup> if not paid in full for the month. If you are needing to split your monthly payments or have extenuating circumstances, please let us know.

18-month-old and 2K Programs	\$110/year Divided into three payments of \$36.66 on September 1 <sup>st</sup> , January 1 <sup>st</sup> , and March 1 <sup>st</sup> .
3K and 4K Programs	\$150/year Divided into three payments of \$50 on September 1 <sup>st</sup> , January 1 <sup>st</sup> , and March 1 <sup>st</sup>
5K Program	\$165/year Divided into three payments of \$55 on September 1 <sup>st</sup> , January 1 <sup>st</sup> , and March 1 <sup>st</sup>

Two-day Program (18-month, 2K, 3K classes)	\$200/Monthly Tuition (September through May) \$100/August Prorated Tuition
Three-day Program (2K, 3K, 4K classes)	\$225/Monthly Tuition (September through May) \$112.50/ August Prorated Tuition
Four-day Program (18-month, 2K, 3K, 4K classes)	\$245/Monthly Tuition (September through May) \$122.50/ August Prorated Tuition
Four-day Program (5K classes)	\$290/Monthly Tuition (September through May) \$145/ August Prorated Tuition

I agree to pay \$ \_\_\_\_\_ per month for tuition for my child, \_\_\_\_\_. This payment is due by the 10<sup>th</sup> of each month. I agree that my child may not be allowed to attend if payments are not made according to these policies. A two-week written notice must be given if I withdraw my child from the program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_