

Completed applications and deposits must be submitted to the Lago Vista Elementary front office. The priority deadline for open seats in the "Vikings Row Together" Tuition-Based Pre-K Program is **4:00pm on the last day of school of current school year**.

Applications for "Vikings Row Together" Tuition-Based Pre-K Program seats considered complete upon receipt of a deposit in the amount of \$665, which will be used for the first month's tuition. Deposits should be paid by cash or money order made payable to Lago Vista ISD.

Please complete all sections below. Applications and deposits must be submitted in person.

Parent Name:				Date:			
Street Address:				Apt#:	Zip:		
Home Phone:			Cell Phone	e:			
Work Phone (including exte	ension for staff):						
Email Address:				(Must be writ	ten legibly – Please prin	t)	
Child's Information							
Child's Full Name:							
Date of Birth:		Gender:	☐ Male [Female			
Student is Toilet-Trained:	☐ Yes	□No					
Siblings:							
Name	Age	Name	Age	Name	Age		
List and briefly describe the Together" Tuition-Based Po		vant your child	d enrolled in ti	ne Lago Vista I	SD "Vikings Row		
What are your expectations	of this prograr	n?				_	

Please describe your child. Please include likes/dislikes, experience interacting with same-age, previous attendance in a childcare program, and other information that will support their suitability for this program.
Is there any other information that we should know about you or your child? This is your opportunity to include information that is not contained in other areas of the application. Please be specific.
Parent/Guardian Acknowledgments (Please initial each item below.) My child will be 4 years old by September 1 st of this year. My child will NOT be 5 years old by September 1 st of this year. I have reviewed the eligibility criteria and my child is NOT eligible for the State-funded Pre-K or Early Childhood Special Education (ECSE) programs. I have read and understand the "Vikings Row Together" Tuition-Based Pre-K Program requirements and procedures described in the program information and parent contract. I further understand that failure to follow these requirements and procedures may result in my child being dismissed from the program.

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I un	derstand that Lago Vista ISD	will assess a \$35.00 fee for any				
	derstand that Lago Vista ISD eived after the first school day	will assess a late fee of \$10.00 \wp of the month.	per business day for tuition	n payments		
		DERED COMPLETE WITH A \$6 will be returned for any stude				
Parent/Gua	ardian Signature		Date			
				1		
		olication and deposit must be	delivered to:			
	Lago Vista Elementary School 20311 Dawn Drive					
		Lago Vista, TX 78645				
	OFFICE ONLY					
	Date/Time Received:	Deposit:	_Yes No			