



Las Vegas Enrichment Academy Registration Form 2026-2027

STUDENT NAME:

LAST *FIRST* *MIDDLE*

AGE: _____ BIRTHDATE: _____ ☐ M ☐ F Grade _____

MAIN FAMILY E-MAIL ADDRESS: _____

REGISTRATION FEE

\$500 Registration completed by January 1, 2026

\$600 Registration completed by March 1, 2026

\$700 Registration completed after March 1, 2026

MATERIAL FEE

In lieu of a set material fee, parents of LVEA students sign up to donate necessary school supplies and materials throughout the school year.

TUITION: \$8,880.00

_____ 12 Payments: June 1, 2026 – May 1, 2027: **\$740**

_____ 1 Payment: prior to January 1, 2026: **\$8,000**

_____ 1 Payment: prior to March 1, 2026: **\$8,440**

_____ Before and/or After Care **\$10/day**

1. Registration and tuition are non-refundable.
2. Monthly tuition is due in advance or on the first day of the month through our payment portal. There will be a \$75.00 late fee for payments not received on or by the 3rd. No student will be allowed to attend after the 5th of the month if tuition has not been paid.
3. There is no deduction for absences, illness, or holidays. Regular fees, as per contract, will be charged.
4. Children may arrive 15 minutes before class and leave up to 15 minutes after class. Childcare fees will be charged for children arriving early or staying later than 15 minutes.
5. Children remaining past the closing time of 5:00 PM will be charged \$1.00 per minute.
6. There is a 10% discount on full yearly tuition paid in advance by January 1, 2026. There is a 5% discount on full yearly tuition paid in advance by March 1, 2026.
7. Siblings receive a 10% discount on tuition.
8. A child is considered officially enrolled when we have a signed contract, a completed registration card, shot record, field trip permit, birth certificate and records request.
9. All parents/families of LVEA students are expected to participate in school events and PTO fundraisers.
10. Parents/guardians will receive a school handbook and event calendar.

PARENT/GUARDIAN ACKNOWLEDGMENT

I have read and understand the conditions listed above and hereby agree to obligate myself to this agreement.

Parent/Guardian Signature

Date

STUDENT INFORMATION

Name that student will use at school

Medical needs and special conditions (Include explanation of any medical conditions/allergies affecting your child that the school should be aware of)

Student's Address *City* *State* *Zip*

Telephone Number

PARENT/GUARDIAN INFORMATION

PARENT Or GUARDIAN

First Name *Last Name*

Home Phone *Cell*

Home Address *City* *State* *Zip*

Occupation *Employer Name* *Work Telephone*

PARENT Or GUARDIAN

First Name *Last Name*

Home Phone *Cell*

Home Address *City* *State* *Zip*

Occupation *Employer Name* *Work Telephone*
