



LOMITA ACADEMY

2332-2336 Lomita Blvd, Lomita, CA 90717

Phone: (424) 655-6222 Email: lomitaacademy@gmail.com

Admission Agreement

1. Child Information

Full Name of Child: _____

Date of Birth: _____

Start Date: _____

2. Parent/Guardian Information

Parent/Guardian 1 Name: _____

Relationship to Child: _____

Phone: _____ Email: _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Phone: _____ Email: _____

3. Program and Schedule

Please select your child's program:

- Full Day (7:00 AM – 5:30 PM) | Tuition: \$850/month
- Half Day (7:00 AM – 12:30 PM) | Tuition: \$675/month
- Other (specify days): _____

4. Fees and Payments

Registration Fee: \$200 (non-refundable)

Tuition is due by the 1st of each month. A late fee of \$25 applies after the 5th.

Tuition is based on enrollment, not attendance. No refunds or credits for missed days.

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5. Termination and Withdrawal

Lomita Academy requires a two-week written notice for voluntary withdrawal.

The school may terminate this agreement with cause, including unpaid tuition, repeated policy violations, or behavior deemed unsafe.

6. Policies and Procedures

By signing this agreement, I acknowledge that I have received, read, and agree to comply with the Parent Handbook, including policies regarding:

- Health & Safety
- Attendance
- Discipline & Behavior
- Holiday Closures
- Communication

7. Consent and Authorization

I grant permission for my child to participate in school activities, supervised walking field trips, and for their photo to be used for classroom or school social media (see separate consent form).

I authorize Lomita Academy staff to seek emergency medical care for my child if I cannot be reached.

8. Signatures

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Representative (Print & Sign):

Name: _____ Signature: _____

Date: _____