



PRE- REGISTRATION FORM

(Please print and use a separate form for each child)

Office Use Only

Date of Registration: _____
Requested First Day of Attendance: _____
Guaranteed First Day of Attendance: _____

I hereby apply for enrollment of my child to Krescent City Kids Learning Academy

CHILD INFORMATION

Child's Name:	Nickname:		
Address:	City:	State:	Zip:
Birth Date/Due Date:	Sex: Male Female	Age:	

What program will your child plan to attend (e.g. Infant, Toddler, PreK2, PreK3, PreK4/5)?

PARENT/GUARDIAN INFORMATION

Mother's Full Name:			
Address:	City:	State:	Zip:
Cellphone#:	*Cellular Carrier:		
Email Address:			
Employer's Address:	Email Address:		
Father's Full Name:			
Address:	City:	State:	Zip:
Cellphone#:	*Cellular Carrier:		
Email Address:			

IMPORTANT NOTE:

ENROLLMENT: Prior to your child's attendance at Krescent City Kids, all enrollment information must be completed, signed and returned to the school office.

Signature of Parent/Guardian

Date