



KRESCENT CITY KIDS LEARNING ACADEMY

2016-2017 FALL 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 2016/2017 fall 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: _____

Will your child attend KCK for the 2016/2017 academic school year starting 8/1/2016? Yes No

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

If no, What is your child's last day attending KCK?

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 by March 21, 2016.

Signature of Parent/Guardian

Date