	Office Use: Date Submitted Date Approved Payment	
CRC AND	CPC Kids' Academy Application	
	Parents' First & Last Names	
	Mother's Address Cell Email	

TIDS' ACAD	Father's Address Cell	Email
Li	ttle Learners, Preschool, Pre	ekindergarten ~ 2 ½ yrs - 5yrs
Child's Name	DOB_	
, ,	ise Circle): M T W Th F Hours)Half Day (8:30 - 1:30)	_Part Day (8:30 - 11:30)
Child's Name	DOB_	
, ,	ise Circle): M T W Th F Hours)Half Day (8:30 - 1:30)	_Part Day (8:30 - 11:30)
I confirm that my 2	2 ½ yr old - 5yr old child(ren) is full	ly potty trained Parent Signature
	ore and after school care for Kinde parents: once you receive your ch	e ~ Walker & Prospect Schools ergarten thru 5th grade students • iild's placement please contact the Academy for
Child's Name	DOB_	
, ,	se Circle): M T W Th F After SchoolBefore & Af	ter School
Child's Name	DOB_	
, ,	se Circle): M T W Th F After SchoolBefore & Af	ter School
Application/Re	gistration Fees	
your Tuitio • Prospective has been o	n Express account. Families; a check for \$50 must ac	bsequent registration fees will be charged on company this application. Once your child(ren) ill be required to pay the registration fees within
By signing holow I	understand that all application of	and registration fees are non-refundable

By signing below I understand that all application and registration fees are non-refundable							
Parent 1 Signature	Date	Parent 2 Signature	Date				