



## 2026-2027 Registration

Parent/Guardian Names: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mom Phone: \_\_\_\_\_ Dad Phone: \_\_\_\_\_

Mom Email: \_\_\_\_\_

Dad Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pre-School (3-4 yrs old) - \$290**

Tues/Wed/Thurs 8:45am-11:30am

**Pre-K (4-5 yrs old) - \$290**

Tues/Wed/Thurs 8:45am-11:30am

**Kindergarten (5-6 yrs old) - \$380**

Mon/Tues/Wed/Thurs 8:30am-12:00pm

A non-refundable Deposit/Registration Fee: \$100 (Preschool, Pre-K and Kindergarten)

The registration fee includes supplies & snacks for the year.

**Registration Fee:**

**Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PICK UP**

People who are able to pick up your child, other than your spouse:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_

Please be aware that we may ask for identification for those we are unfamiliar with.

## **MEDICAL CONSENT**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_ authorize and consent to emergency medical care to be performed for my child by any licensed medical practitioner or CPR/First Aid certified employee when deemed immediately necessary to safeguard my child's life and health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Member #: \_\_\_\_\_

Allergies:

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Medications taken on regular basis:

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Important health information:

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## **ADDITIONAL INFORMATION**

Has your child attended preschool or another type of school? \_\_\_\_\_

If yes, which school did they attend? \_\_\_\_\_

How did you hear about CCLS Academy? \_\_\_\_\_

**PHOTO RELEASE**

I give my permission to release photos of my child to other families within CCLS Academy. We maintain a private Facebook page that only parents/teachers can access where photos are uploaded on occasion as well as important announcements. In addition an end of year photo book is often given at graduation.

**No photo will be distributed, printed, used or shared publicly or commercially**

\_\_\_\_\_ (Initial)