Phone: (949) 800-6777

(949) 800-6966

Fax:



## **Enrollment Checklist**

Dear Parent/Guardian and Applicant,

Thank you for your interest in Crescent Academy. Please complete the following forms, along with this checklist and a copy of your child's birth certificate. Enrollment packet must be submitted to the Crescent Academy admissions office with a \$49.00 non-refundable Application & Assessment payment. Please make all payments to Crescent Academy, payments can be made in the form of a check or money order payable to Crescent Academy or credit card payable to Crescent Academy. If you have any questions, please call (949) 800-6777 or email info@crescentacademy.com

Student Name:
☐ Application Form
☐ Enrollment Agreement
□Child's Preadmission Health History - Parent's Report
OR
□Child's Preadmission Health Evaluation - Physician's Report
☐ Identification and Emergency Information
☐ Consent for Emergency Medical Treatment
☐ Photo Release Form
☐ Financial Agreement
Copy of:
☐ Birth Certificate
FOR OFFICE USE:
Student Enrollment Date:
Student Dis-enrollment Date:
Administrator's Signature: