

2024-2025 Registration & Technology Fee Payment

By signing this form your account will be debited for your child(ren)'s Registration and Technology fee.

Part I:				
Parent/Guardian Last Nam	e:	First Name:	Mid	dle Initial:
Address:	Apt#:			
City:	State:	Zip:		
Cell:				
E-mail address:				
Name of child(ren) attendir	ng CCA:			
1	Grade:	_ 2		Grade:
3	Grade:	_ 4		Grade:
Part II: One time deduction from yo	our bank. Check all tha	at apply and insert nu	mber of children f	or each category:
	Toddler-Grade 8		# Children	
	☐ Registration \$160 ☐ Technology Fee \$490			
		e for Toddler Class)		
I hereby authorize Crescen Registration and Technolog 2024 to May 2025.	-	, ,		
Bank Name:	Accol	unt Number:		
Routing Number:				
Please attach a void check wi	th this form and submit t	co: Crescentconnect	ionacademy@gm	nail.com
Signature:	Da	te:		