

Learners to Leaders Academy, Cranston Rhode Island

New Student Registration Request Form



Child's Name:	
Address:	
Current Age:	Date of Birth:
Phone:	
Parent Name:	
Phone (if different from above):	Email:

Location Requested: _____ Western Cranston Campus 140 Natick Avenue Cranston, RI 7:30 AM-5:30 PM _____ Candy Cane Campus 54 Olney Arnold Road, Cranston, RI 7:30 AM-5:30 PM
Days of Care Needed: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Desired Start Date:

Confirmed registration at Learners to Leaders Academy ensures you reserve a spot for our year round program. I agree that once my child has begun school, tuition and attendance is expected. Tuition will be paid weekly regardless of absences, snow days, holidays, personal vacations, or illness. If the desired start date is postponed for more than two weeks, you may be required to pay a weekly tuition rate to ensure your spot is held. Tuition rates are subject to change.

There is a \$100.00 non refundable registration/waitlist fee. Once you pay this registration fee and submit our registration request form with a desired start date, a director will email you with confirmation of acceptance into our program. A desired start date is required to register your child.

Upon acceptance to Learners to Leaders Academy, it is required that you submit the following forms in order for your child to begin.

1. RI DHS Child Information form
2. Immunizations and Health Examination Forms
3. Financial/Tuition Agreement
4. Parent Handbook Acknowledgement
5. Parent's Authorization for Emergency Treatment
6. L2L Tuition Policy
7. L2L Discipline Policy
8. Allergy/Asthma Information Sheet and Care Plans(when applicable)

Parent
Signature: _____ Date: _____

For Office Use Only:

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Method of Payment: