

Carlisle Kids' House Preschool/Toddler

ENROLLMENT FORM SCHOOL YEAR - September through June



Child Information:

Name: _____ Date of Birth: _____
Home Address: _____
Telephone: _____

Parent/Guardian Information:

Name: _____
Relationship to Child: _____
Home Address: _____
Home Telephone #: _____
Cell Phone #: _____
E-Mail Address: _____

Registration: Below, please select your preferences.

Start Date: _____

Regular Hour Options:

4 hours 6.5 hours 9.5 hours 10.75 hours (full day)

All time blocks start either at 7:30am; 8:00am; 8:30am; 9:00am

ALLTERNATIVE TIME BLOCK REQUESTED: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive:					
Depart:					

Parent Signature: _____ date: _____