



2025-2026 APPLICATION FORM

Name of Child: _____ DOB: _____ Gender: _____

Address: _____

City: _____ State/Zip: _____

Kindergarten Attending (if known): _____

Parent and/or Guardian Information

Father's Name: _____ Email: _____

Occupation: _____ Phone#: _____

Address (if different from above): _____

Mother's Name: _____ Email: _____

Occupation: _____ Phone#: _____

Address (if different from above): _____

I/We prefer to register the above child for the year beginning September 2024 **(check one)**:

_____ Preschool (3-year-old class) - 2 days, Tues/Thurs 9am to 12pm (\$205/month)

_____ Pre-Kindergarten - 3 days, Mon/Weds/Fri 9am to 12pm (\$260/month)

_____ Junior-Kindergarten - 5 days, Mon/Tue/Wed/Thurs/Fri 9am to 12pm (\$365/month)

Where did you first learn about CCNS' program? _____

If you were referred to our school, by whom? _____

Have you previously had a child attend CCNS? No: _____ Yes: _____ When: _____

Please return this form and a \$50.00 non-refundable registration fee payable to CCNS to the address listed below. Alternatively, payment can be made via PayPal on our website (\$55 to cover PayPal fees). Please contact Enrollment at enrollment@ccns-preschool.org to arrange for an invoice to be sent directly to you or if you have any questions.

SIGNATURE(S): _____ **DATE:** _____

Once approved, you will receive an email with a contract and other forms to be completed and returned.

Please return this form with the \$50.00 non-refundable application fee payable to Carlisle Community Nursery School at the address below:

**Carlisle Community Nursery School
Attn: Vice President of Enrollment
1340 Forge Road
Carlisle, PA 17013**

*******INTERNAL USE ONLY - DO NOT WRITE IN SPACES BELOW*******

Date received: _____

Teacher/Class Assignment: _____

Application fee paid: _____

Parents notified of status: _____

Check number: _____

Withdrawal: _____

Accepted/Wait-listed: _____