



2018-19 APPLICATION FORM

Name of Child:_____ DOB:_____ Gender:_____

Address:_____

City:_____ State/Zip:_____

Kindergarten Attending:_____

Parent Information

Father's Name:_____ Email:_____

Occupation:_____ Phone#:_____

Mother's Name:_____ Email:_____

Occupation:_____ Phone#:_____

I/We wish to register the above child for the class to begin September 2018 **(check one)**

_____Preschool - 3 year old class, Tuesday/Thursday 9am to 12pm

_____PreKindergarten - 3 days Mon/Wed/Fri 9am to 12pm

_____PreKindergarten - 5 days Mon/Tue/Wed/Thur/Friday 9am to 12pm

Where did you first learn about CCNS's program?_____

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

Please return this form and a \$35 non-refundable registration fee payable to CCNS to address listed below.

SIGNATURE(S):_____ DATE _____

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

*******DO NOT WRITE IN SPACES BELOW*******

Date received:_____ Application fee paid:_____

Check number:_____

Accepted/Wait-listed:_____

Teacher/Class Assignment:_____

Parents notified of status:_____

Withdrawal:_____

Please return this form with the \$35 non-refundable application fee payable to CCNS to:
Carlisle Community Nursery School
Attn: Vice President of Enrollment
1340 Forge Road
Carlisle, PA 17013

