



2019-20 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 2019 **(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