



2017-2018 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 2017 **(check one)**

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

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

_____PreKindergarten- 5 days a week on 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 application 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-regundable application fee
payable to CCNS to:**

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