



## 2021-2022 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 2021 **(check one)**:

\_\_\_\_\_ Preschool (3-year-old class) - 2 days, Tues/Thurs 9am to 12pm (\$140/month)

\_\_\_\_\_ Pre-Kindergarten - 3 days, Mon/Weds/Fri 9am to 12pm (\$190/month)

\_\_\_\_\_ Junior-Kindergarten - 5 days, Mon/Tue/Wed/Thurs/Fri 9am to 12pm (\$275/month)

\_\_\_\_\_ CCNS is considering creating an afternoon class for the 2-day and 3-day classes.  
Please check here if you are open to an afternoon time slot should this become available.

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. Please contact Enrollment at [enrollment@ccns-preschool.org](mailto:enrollment@ccns-preschool.org) to arrange for an invoice to be sent directly to you.**

**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: \_\_\_\_\_  
Application fee paid: \_\_\_\_\_  
Check number: \_\_\_\_\_  
Accepted/Wait-listed: \_\_\_\_\_  
Teacher/Class Assignment: \_\_\_\_\_  
Parents notified of status: \_\_\_\_\_  
Withdrawal: \_\_\_\_\_