

**CHRISTIE'S CAROUSEL OF LEARNING  
FALL REGISTRATION FORM (2017-2018)**

**Today's Date:**

**Childs Name: First:**  
**Last:**

**Date of Birth:**

**Childs age as of September 1, 2017: Years:          Months:**

**Is your child attending Kindergarten the Fall 2018-2019:**

**Please fill days in as: M,T,W,TH,F**

**Days:**

**Times:**

**\*Complete separate forms if registering multiple children\***

**I agree to have registered my child for the above days and times. I understand my child's spot will be relinquished if I drop any days & times, AND/OR IF I HAVE NOT PAID MY CHILDS 1<sup>ST</sup> TUITION PAYMENT. I understand there are NO refunds on tuition or registration fees. Fall registration fee is \$70.00 per child and does not apply toward tuition.**

**Mother's Name:**

**Father's Name:**

**Phone #Home:**

**Phone #Home:**

**Work:**

**Work:**

**Cell:**

**Cell:**

**Mom's Address:**

**Dad's Address:**

**City/State/Zip:**

**City/State/Zip:**

**Mom's E-mail Address:**

**Dad's E-mail Address:**

**For Office Use Only:**

**Start Date:**