

**CHRISTIE'S CAROUSEL OF LEARNING
FALL REGISTRATION FORM (2019-2020)**

Today's Date:

**Childs Name: First:
Last:**

Date of Birth:

Childs age as of September 1, 2019: Years: Months:

Is your child attending Kindergarten the Fall 2020-2021:

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 1ST 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: