



Carlisle Kids' House PreK/Pres/Toddler Registration FORM SCHOOL YEAR _____

Child Information:

Name: _____ Date of Birth: _____
Home Address: _____
Telephone: _____

Parent/Guardian Information:

Name: _____
Relationship to Child: _____
Home Address: _____
Home Telephone #: _____
Cell Phone #: _____
E-Mail Address: _____

Registration: Below, please select your preferences.

Start Date: _____

Center hours are: 7:30-6:15pm

Choose your days: _____ Mon _____ Tuesday _____ Wed _____ Thurs. _____ Fri

Choose your hours: _____ 4hrs _____ 7 hrs _____ 9 hrs _____ 10.75hrs
(morning only) (Full Day)

Choose your drop off time (Between 7:30- 9am) _____
(Note Drop off ends at 9am)

Choose your pick up time: _____
(Note no pick-ups scheduled between 12:30-2:30)

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive:					
Depart:					

New families must submit a \$35 Registration fee with this form.

Parent Signature: _____ date: _____