## CHRISTIE'S CAROUSEL OF LEARNING FALL REGISTRATION FORM (2025-2026)

	Today's Date:
Childs Name: First: Last:	
Date of Birth:	
Childs age as of September 1, 2025: Years:	Months:
Is your child attending Kindergarten the Fall	2026-2027:
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 abo	ve 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 underst	and there are NO refunds on tuition or
registration fees. Once your days and times ar	e confirmed, you cannot drop or switch any
days or times. Fall registration fee is \$125.00 p	er 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:	

**Brightwheel:** 

**Confirmation:** 

**Start Date:** 

Forms:

**Email:**