

CHRISTIE'S CAROUSEL OF LEARNING FALL REGISTRATION FORM
School Year 2026-2027

Child's Name - First:

Last:

Today's Date:

Date of Birth:

Childs age as of September 1, 2026: Years:

Months:

Is your child attending Kindergarten the Fall 2027-2028?:

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

Days:

Times:

COMPLETE SEPARATE FORMS IF REGISTERING MULTIPLE CHILDREN

By submitting this registration form, I agree to register my child for the days and times listed above. I understand that my child's spot will be forfeited if any days or times are dropped and/or if the first tuition payment is not received. I acknowledge that all tuition and registration fees are non-refundable. Once days and times are confirmed, they may not be dropped or changed. The fall registration fee is \$125.00 per child and does not apply toward tuition.

Mother's Name:

Father's Name:

Phone #:

Phone #:

Mom's E-mail Address:

Dad's E-mail Address:

Address:

City:

State:

Zip:

FOR OFFICE USE ONLY:

Start Date:

Forms:

Email:

Brightwheel:

Confirmation: