

Carbondale New School Summer Program Enrollment Form

Child Name (first and last): _____

Date of Birth: _____ Grade entering: _____

Primary language: _____ Sex: _____

Current school attending: _____

Parent/Guardian Name: _____

Address: _____

Phone number: (home) _____ (cell) _____

Email address: _____

Parent/Guardian Name: _____

Address: _____

Phone number: (home) _____ (cell) _____

Email address: _____

Please select the sessions you would like your child to attend:

Session	Date	Ages 3-6 yrs (9am-Noon)	<input checked="" type="checkbox"/>	Ages 7-13 yrs (1-4pm)	<input checked="" type="checkbox"/>
1	June 1 st -12 th	Explore Our World		Amusement Park Physics	
2	June 15 th -26 th	3, 2, 1 Blast Off		Cooking up a Storm	
3	July 13 th -24 th	Water, Water, Everywhere		¡Hablamos Español!	

Did someone refer you to us? Please tell us who! _____

I, _____, agree to pay \$_____ for the tuition for the chosen sessions above, in addition to any late fees accrued over the course of the summer sessions. I understand that this payment is due before the start date of each session.

(signature)

(date)

For office use only:

Date and time received: _____

Tuition pd		Field Trip	
Fees pd		Media Consent	
Health and Emergency		Policies	
Medication Authorization			



1302 E Pleasant Hill Rd.
Carbondale, IL 62901
office@carbondalenewschool.com
618-457-4765