



# Carbondale New School Summer Care 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: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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

Dates	Price	X	Dates	Price	X
June 9-13	\$175		July 7-11	\$175	
June 16-20	\$175		July 14-18	\$175	
June 23-27	\$175		July 21-25	\$175	
June 30- July 3	\$140		Drop In Care	\$50/Day	

I, \_\_\_\_\_, agree to pay \$ \_\_\_\_\_ for the session(s) that I have chosen above. I understand that 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	
Health & Emergency	Policies	
Med. Authorization		



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