



Concord Carousel Preschool

Concord Recreation
2018-2019

NAME (LAST, FIRST) D.O.B. GENDER (M/F)

ADDRESS TOWN ZIP

PARENT/GUARDIAN NAME (LAST, FIRST)

CELL PHONE BUSINESS PHONE

EMAIL

PARENT/GUARDIAN NAME (LAST, FIRST)

CELL PHONE BUSINESS PHONE

EMAIL

DOES YOUR CHILD HAVE ANY CHRONIC HEALTH CONDITIONS, ALLERGIES, ASTHMA AND/OR SPECIAL ACCOMMODATIONS? YES NO

IF YES, PLEASE DESCRIBE

ELIGIBILITY

Born prior to December 31, 2014 3 or 4 day program
Born between January 1, 2015-December 10, 2015 2 or 3 day program

Monthly Tuition	Registration Fee
4 days \$670.00	\$50
3 days \$525.00	
2 days \$397.00	

REGISTRATION AND BILLING INFORMATION

- Tuition is billed in 10 equal installments with the first non-refundable installment due at registration, with automatic credit card billing on the 15th of each month.

WAIVER OF LIABILITY

I hereby give my permission for the registrant to participate in the Concord Carousel Preschool Program. I understand that the Town of Concord carries no insurance for participant. I agree to hold harmless the Town and/or, its employees and volunteers from any claim or liability related to any accident that may occur. I give my permission for medical treatment if the need arises. If my child is accepted, I understand and agree to the following: My child cannot attend unless all required paperwork/documentation and medical forms (along with necessary medication) have been received by the program.

Signature Date

PAYMENT

Card #

Exp. Date / V-Code Master Card Visa Check

Name on card

Signature Date