



Concord Carousel Preschool

Concord Recreation

2019-2020

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, 2015

3 or 4 day program

Born between January 1, 2016-December 10, 2016

2 or 3 day program

Monthly Tuition

4 days \$670.00

3 days \$525.00

2 days \$397.00

Registration Fee

\$30 (\$75 after June 1)

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 _____