


*Readiness Center at Carousel Academy*  
149 Central Avenue  
Lancaster, NY 14086  
(716)686-3200 ext. 1113


Updated 12/2017


Enrollment application for the 20\_\_ to 20\_\_ school year.

**Please check the desired program(s) below:**

Please Note: Spots are filled on a first-come, first-served basis and *space is limited*.

	<b>Morning Shining Stars</b> Monday, Wednesday, Friday 9:15-11:15
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	<b>Bright Beginners</b> Tuesday/Thursday 9:15-11:15
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	<b>Afternoon Shining Stars</b> Monday, Wednesday, Friday 12:30-2:30
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Please ✓ the 2 desired classes on this application.	 <b>Shining Stars &amp; Bright Beginners</b>  Monday through Friday
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Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender: (circle)    Male    Female

Father's Name \_\_\_\_\_  
Place of employment \_\_\_\_\_

Phone # \_\_\_\_\_  
Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Place of employment \_\_\_\_\_

Phone # \_\_\_\_\_  
Work # \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Emergency contact information: (other than parents)**

1. Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_

***A \$40.00 non-refundable registration fee must accompany this application.***

*Payment may be made by cash or check - please make checks payable to Carousel Academy.  
Registration form and payment may be dropped off to Miss Myers (Room 105) or mailed to the address above.*