



Kiddie Karrasel Academy Registration Form
\$75 registration fee and 1st week's payment is due at registration

Please Specify the Days and Hours Desired: Example: Monday 7-5:30 PM

Child's Name _____ Date of Birth ____/____/____
 MON _____ TUE _____ WED _____ THU _____ FRI _____

Child's Name _____ Date of Birth ____/____/____
 MON _____ TUE _____ WED _____ THU _____ FRI _____

School-age children: Child's School: _____

Grade level: _____

Parent/Guardian Information:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
E-mail Address: _____	E-mail Address: _____
Home Phone: _____	Home Phone: _____
Company Name: _____	Company Name: _____
Company Phone: _____	Company Phone: _____

Do you qualify for any DHS funding or scholarships? Check all that apply

DHS___ Friendly house___ SWVPP ___ Private pay _____

Start date:_____

Kiddie Karrasel Academy
 P.O. Box 542
 LeClaire, IA 52753
kiddiekarrasel@gmail.com
 563-289-3946

 (Parent/Guardian Signature)

 (Date)

Thank you for choosing Kiddie Karrasel Academy.