AGENCY ENROLLMENT FORM

Agency Name: _____

Contact: _____

Address: _____

Phone: _____ E-mail: _____

CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

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PROGRAM & TUITION

Class Name: _____

Session: ☐ 8-Week Winter ☐ 12-Week Spring ☐ 8-Week Summer ☐ 12-Week Fall

Registration Deadline: _____ Tuition: $_____ ☐ Multi-Group 10% Discount *(see Payment Policies)*

☐ I have read and agree to the Program and Payment Policies. *(available on our website or in our catalog)*

FINANCIAL AID

Scholarship application pending with Carlisle Charitable Foundation? ☐ yes ☐ no

Amount Requested: $_____

Other funding source: _____ Amount pending/received: $_____

TERMS

This registration form must be received by the registration deadline. If we do not receive this by the deadline, we cannot guarantee you a spot in the program.

All agenicies will be invoiced during the session once all other forms of payment have been determined.

SCHEDULING

Please, indicate the day of the week and time of day you would like to attend. *(circle one)*

Tuesday - AM Wednesday - AM Thursday - AM

Tuesday - PM Wednesday - PM Thursday - PM

Specific time parameters: _____

Dates unable to attend *(tuition still applies unless excused absence)*: _____

Please list students and conditions.

Participant's Name	Diagnosis/Precautions