

INDIVIDUAL ENROLLMENT FORM - THERAPY



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

65 Drown Lane • Lyman, Maine 04002
Phone: 207-985-0374 • Fax: 207-985-7937
info@carlisleacademymaine.com
www.carlisleacademymaine.com

Student: _____ Date of birth: _____
Parent/Legal guardian: _____
Address: _____
Phone: _____ E-mail: _____

PROGRAM & TUITION

Class Name: _____ Registration Deadline: _____

Program Type: Private Semi-Private Group

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

Please include me in annual enrollment for scheduling purposes.

The tuition (or your portion of the tuition) is due by the beginning of the session. If you are unable to pay your balance at this time, please contact the office to establish a payment plan. See *Payment Policies on discounts, credits, and cancellations*.

Tuition/ Per Diem Rate: \$_____ Multi-Child/Family 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 pending with Carlisle Charitable Foundation? (*Therapy and select Sport Programs only*) yes no

Amount Requested: \$_____

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

PRIVATE INSURANCE (*for Hippotherapy and Unmounted PT/OT billing purposes*)

Private Insurance Carrier: _____ Policy No: _____

Subscriber: _____ Date of birth: _____ Relation to student: _____

PAYMENT

Balance due (*student's responsibility after other forms of payment*): \$_____

Cash \$_____ Check \$_____ Check No: _____ Credit Card \$_____

Card No: _____ V code (*back of card*): _____ Expiration: _____

Name on card: _____ Signature: _____

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*): _____