

# 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: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Parent/Legal guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name of person providing transportation: \_\_\_\_\_  
Mobile number for person providing transportation: \_\_\_\_\_

## PROGRAM & TUITION

Class Name: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_

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

Program Type:  Private  Group | Tuition/Per Diem Rate: \$\_\_\_\_\_  Multi-Child/Family Discount

### Terms:

- Tuition is based on a per diem fee or the full session, as indicated on the tuition sheet.
- Students are billed monthly.
- Students receiving a CCF award must pay their balance before the start of the session.
- If a student is unable to pay the balance in the time requested, a payment plan will be established with the office.
- A student may not enroll in another session until their balance is paid in full, or it is established that their payment plan extends beyond this time frame.
- Carlisle Academy is an out-of-network provider for all insurances policies with the exception of Maine Community Health Options. Families will be provided with a packet of information on how to file their own claims.

I have read and agree to the Program and Payment Policies. (*full copy available on our website*)

## FINANCIAL AID

Scholarship pending with Carlisle Charitable Foundation (CCF)?  yes  no Amount Requested: \$\_\_\_\_\_

In order to secure your spot in a CCF funded group, Carlisle Academy must receive your \$600 co-payment before the registration deadline. This can be done in person or online via paypal at [www.carlisleacademymaine.com](http://www.carlisleacademymaine.com)

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: \_\_\_\_\_

In-Network (Maine Community Health Options)  Out-of-Network (all other providers)

## SCHEDULING

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

Tuesday - AM | Tuesday - PM | Wednesday - AM | Wednesday - PM | Thursday - AM | Thursday - PM

Specific time parameters: \_\_\_\_\_

Dates unable to attend (tuition still applies unless excused absence): \_\_\_\_\_