AGENCY ENROLLMENT FORM

CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

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www.carlisleacademymaine.com

Agency Name: _____

Contact: _____

Address: _____

Phone: _____ E-mail: _____

Name of person providing transportation: _____

Mobile number for person providing transportation: _____

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)*

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 agencies will be invoiced monthly or per the terms of an established contract.

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

FINANCIAL AID

Scholarship application pending with Carlisle Charitable Foundation? ☐ yes ☐ no Amount Requested: $_____

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

SCHEDULING

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

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.

Participant's Name	DOB	Height	Weight