

INDIVIDUAL ENROLLMENT FORM - SPORTS



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

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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: _____

Program Type: Private Group

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

Tuition is based on a per diem fee. Students may pay weekly or be billed monthly.

Per Diem Rate: \$_____ Multi-Child/Family Discount (*see Payment Policies*)

Pay Per Diem Invoice Monthly

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

TRUCKING IN

I plan to truck in my own horse for on-going lessons and/or Pony Club.

My horse is up-to-date on all shots/vaccinations.

I will bring my own water bucket and hay.

I agree to clean up after myself and my horse before I leave.

SCHEDULING

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

Monday - AM Tuesday - AM Wednesday - AM Thursday - AM Friday - AM Saturday - AM

Monday - PM Tuesday - PM Wednesday - PM Thursday - PM Friday - PM Saturday - PM

Specific time parameters: _____

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