

CENTER FOR TEACHING AND LEARNING

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Katy Inman
Head of School

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Founder

STUDENT ENROLLMENT APPLICATION

CHILD'S NAME _____

NICKNAME _____ SEX _____ DATE OF BIRTH ____/____/____

PARENT(S) OR GUARDIAN(S)

• PARENT 1 NAME _____ OCCUPATION _____

ADDRESS _____ E-MAIL ADDRESS _____

TOWN _____ ZIP _____ PHONE _____

BUSINESS ADDRESS _____

TOWN _____ ZIP _____ PHONE _____

• PARENT 2 NAME _____ OCCUPATION _____

ADDRESS _____ E-MAIL ADDRESS _____

TOWN _____ ZIP _____ PHONE _____

BUSINESS ADDRESS _____

TOWN _____ ZIP _____ PHONE _____

PREVIOUS SCHOOL AND/OR NURSERY SCHOOL EXPERIENCE, IF ANY _____

CHILD'S AGE BY SEPTEMBER 1, 2020 _____ (MUST be 5 years old by Sept. 15 for Kindergarten)

YEAR CHILD ENTERED/WILL ENTER KINDERGARTEN _____

IF APPLICABLE, CHILD'S ANTICIPATED GRADE LEVEL IN SEPTEMBER, 2020 _____

SIBLINGS' NAMES AND AGES _____

PARENTS' INTERESTS/SKILLS _____

PARENT RESPONSIBLE FOR TUITION PAYMENTS _____

DATE OF APPLICATION _____

SIGNATURE

APPLICATION FEE ENCLOSED _____ ()
\$25.00

THE APPLICATION FEE IS PAYABLE IN FULL AT THE TIME OF APPLICATION AND IS NON-REFUNDABLE.
PLEASE MAKE THE CHECK PAYABLE TO **CENTER FOR TEACHING AND LEARNING** AND RETURN IT TO THE
ADDRESS ABOVE. THANK YOU.