

Mount Carmel Tots 2025-26 Registration Form

Child's Full Name: _____

Nickname: _____ Date of Birth _____ Check one: M _____ F _____

Does your child have known allergies? Yes _____ No _____

If so, please describe here: _____

Parent/Guardian Name: _____ Relationship _____

Home Address: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____ Relationship _____

Home Address: _____

Phone: _____ Email: _____

Name of Person accompanying child: _____ Relationship _____

Phone: _____ Email: _____

Tuition Payment

Please use this link to pay the full tuition (\$1,800) amount: <https://payit.nelnet.net/form/TtpEVHNV>

By signing this form, I agree to the 2025-26 policies and procedures of the Mount Carmel Tots program and understand that my child's tuition (\$1,800) must be paid in full before classes begin on November 5, 2025.

Parent's Full Name (please print): _____

Parent's Signature: _____ Date: _____

Please sign and return the completed registration form to info@themountcarmelecc.org