

Formerly Playtime Preschool

ENROLLMENT APPLICATION 2024-2025 School Year

Name of Child (Last, First, Middle)		/ Date of B	<u>/</u> _	MF	
Address (Street, Route, Box #, Apt.)	City	State	Zip		
Phone		Birthplace	· · · · · · · · · · · · · · · · · · ·		
Enrollment Plan: (Does not affect enrollment	decisions)				
Non-Cleaning Cleaning (limited availabi		lity) Board Member (limited availability)			
Class Preferred: Your child must meet age red	quirements in or	der to attend a giv	en class	at any time	during the year
Preschool Class (Tuesday, Thursday)		3-4 years old (age 3 by Dec. 31)			
Preschool Class (Monday, Wednesday, Friday)		3-4 years old (age 3 by Sept. 1)			
Preschool Class (Monday - Friday)		3-4 years old (age 3 by Sept. 1)*			
Pre-Kindergarten Class (Monday - Friday)		4-5 years old (age 4 by Sept. 1)*			
Pre-Kindergarten Class (Monday, Wedn	nesday, Friday)	4-5 years old (ag	e 4 by S	ept. 1)	
NOTE: Children in the Preschool classes	s need to be in t	he final stages of	toilet trai	ining.	
Parent's Name		Parent's Name			
Home Address (if different)		Home Address (i	f differen	it)	
Home Phone		Home Phone		1 1 1 1 1 1	
ell Phone		Cell Phone			
Occupation		Occupation			
Employer's Address		Employer's Addr	ess		
Work Phone		Work Phone			
Email		Email			

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Names and Ages of Sibling(s):	Age:
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Have any of these siblings attended CCP (formerly Playtime Preschool If yes, please list: Attended: Attended:	ol)? Yes No
Does your child speak any other language(s)? Yes No If y	
What language does your child speak at home? If not English, please rate your child's English language capability: Speaks English well Speaks some English words and phrases Understands English but does not speak English Does not speak or understand any English Has your child attended any other preschool(s) or other child care/earl	by education programs? Ves.
If yes, please list school(s): Signing this form gives Campus Cooperative Preschool permission to exchain	y education programs? res No
Signing this form gives Campus Cooperative Preschool permission to exchain	nge information with the above listed schools.
Is your child currently receiving special services? Yes No If yes, please indicate type of service:	
Are there any special needs that your child has that the teachers need	I to be alerted to (e.g., allergies)?
How did you hear about CCP?	
Name of the family who provided a referral:	
Tuition: Your yearly tuition is paid in nine payment installments as followed in the preschool Class (T/TH) \$250* Preschool Class (M/W/F) \$310* Preschool Class (M-F) \$495* Pre-Kindergarten Class (M-F) \$495* Pre-Kindergarten Class (M/W/F) \$310*	lows:
* Families who sign up to be a Cleaning Family will receive a \$25 discovariates who sign up to be a Board Member will receive a \$25 discovariates with co-enrolled siblings are given a 10% discount applied to a Families who refer a family who enrolls will receive a \$25 discount or	unt on monthly tuition (limited availability). o the second child's monthly tuition.
There are semester Supply Fees of \$55 due by Augus	st 25, 2024, and February 1, 2025.
New students: \$150 will be due at the time of enrollment. Returning steenrollment. Siblings: The enrollment fee for a second child is \$100. The is non-refundable.	
If I wish to withdraw my child <u>after the first day of August</u> , I agree to I still will be held accountable for the September monthly tuition and su <u>September</u> . Both payments are non-refundable regardless of the reacthough my child may not be in attendance.	upply fee payable by or on the first day of
Please send this enrollment form along with the non-refundable enrollnesse make checks payable to Campus Cooperative Preschool .	ment fee to Campus Cooperative Preschool.
Signature of Parent / Guardian	Date
Official Use Only: App. Rec'd: Confirm. Letter Sent: Payment Req. Letter Sent: E	Enrollment Fee: Supply Fee: Class: