

Middletown Cooperative Preschool

24 Old Church Street

Middletown, CT 06457

(860) 344-0099

www.middletowncoop.org

REGISTRATION FORM

Child's Name _____ Date of Birth _____

Parents' Names _____

Address _____

Phone _____ Cell Phone _____

Email _____

Class Preference (Please Check)

MONDAY, WEDNESDAY, FRIDAY 9:00-11:30 (4 year olds) _____

TUESDAY, THURSDAY 9:00-11:30 (3 year olds) _____

Classroom Helper _____ Non-Classroom Helper _____

A \$30.00 **non-refundable fee** is required to secure your child's spot in the preschool. Your cancelled check will act as verification that your child has been enrolled in the Middletown Cooperative Preschool. Once your registration has been confirmed, you will be required to fill out a Complete Registration Packet. Please indicate how you prefer to obtain your Complete Registration Packet:

_____ From the Coop's website, www.middlestowncoop.org (Enrollment Chairperson will provide password which will allow you to download and print all additional registration forms)

_____ By mail (Enrollment Chairperson will mail Complete Registration Packet to you)

All registration forms, especially health forms, must be returned by the time your child starts attending school at the latest. **Both** Parent (for participating parent) and Child health forms must be returned or the child **will not** be permitted to attend school. This is a **Connecticut State Health Law.**

Parent Signature

Date

Please return form and non-refundable check to the Middletown Cooperative Preschool.

Attention: Enrollment Chairperson