

## **Middletown Cooperative Preschool**

Parents and Teachers Working Together

## 2013 - 2014 Registration Form

Child's Name		Date of Birth		
Father's Name	Mother's Name			
Street Address	Tov	vn	State	Zip
Home Phone	Father's Cell		Mother's Cell	
Preferred Email Address(s)				
I wish to register my child for the	he following class at Middletowi	n Cooperative Pr	eschool for the 2013-20	14 school year:
<del></del>	TTh 9:00am - 12:00pm nust turn 3 by 12/31/2013)	\$148/mo, 10	payments Aug 1 - May	1
4s Class	4s Class MWF 9:00am - 12:00pm (Child must turn 4 by 12/31/2013)		\$180/mo, 10 payments Aug 1 - May 1	
	Classroom Helper Opt-Out		\$350/year (add \$35/mo to above prices)	
confirmed you will be required Enrollment Packet: Email (a	enrolled in the Middletown Coold d to complete an Enrollment Pa an Enrollment Packet will be em n Enrollment Packet will be mai	cket. Please indi	cate how you would lik	ce to receive the
<ul> <li>Children cannot be accept physician stating that your</li> </ul>	racket must be returned by Aug ed without a complete <b>State of</b> r child has had a physical within ompleted Health Form must be	<b>CT Early Childh</b> one year. <i>This i</i>	s a state law.	<b>t</b> signed by your
Please return this form and a n	on-refundable registration chec Middletown Cooperative Pres Attention: Enrollment Chairpe 24 Old Church St Middletown, CT 06457	chool	iddletown Cooperative	Preschool) to:
Parent Signature			Date	