



Middletown Cooperative Preschool

Parents and Teachers Working Together

2014 - 2015 Registration Form

Child's Name: _____ Date of Birth _____

Father's Name: _____ Mother's Name _____

Street Address _____ Town _____ State ____ Zip _____

Home Phone _____ Dad's Cell _____ Mom's Cell _____

Preferred Email Address(s) _____

I wish to register my child for the following class at Middletown Cooperative Preschool for the 2012-2013 school year:

- 4s Class MWF 9:00am—12:00 pm \$200/mo, 10 payments Aug1-May 1
(Child must turn 4 by 12/31/2014)
- 3s Class TTh 9:00am—12:00pm \$160/mo, 10 payments Aug1-May1
(Child must turn 3 by 12/31/2014)
- Classroom Helper Opt-Out \$350/year (\$35/mo to above prices)

A \$50 non-refundable fee is required to secure your child's spot in the preschool. Your cancelled check will act as verification that your child is enrolled in the Middletown Cooperative Preschool. Once your registration has been confirmed you will be required to complete an Enrollment Packet. Please indicate how you would like to receive the Registration Packet:

- _____ Email (an Enrollment Packet will be emailed to the preferred email address listed above.)
- _____ Mail (an Enrollment Packet will be mailed to the address above.)

- A completed Enrollment Packet must be returned by September 1st at the latest.
- Children *cannot* be accepted without a complete **State of CT Early Childhood Health Assessment** signed by your physician stating that your child has had a physical within one year. This is a state law.
- For Helping Parents, the completed Health Form must be returned before school starts.

Please Return this form and a non-refundable registration check (payable to Middletown Cooperative Preschool) to:
Middletown Cooperative Preschool
Attention: Enrollment Chairperson
24 Old Church St.
Middletown, CT 06457

Parent Signature _____ Date _____