



# Middletown Cooperative Preschool

Parents and Teachers Working Together

## 2015 - 2016 Registration Form

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Preferred Email Address(s) \_\_\_\_\_

**I wish to register my child for the following class at Middletown Cooperative Preschool for the 2015-2016 school year:**

- 4s Class MWF 9:00am—12:00 pm \$215/mo, 10 payments Aug 1-May 1  
*(Child must turn 4 by 12/31/2015)*
- 3s Class TTh 9:00am—12:00pm \$185/mo, 10 payments Aug 1-May1  
*(Child must turn 3 by 12/31/2015)*
- 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 registered 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 Enrollment 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.)

- Please complete and return the Enrollment Packet as soon as possible, information is needed for class preparation.
- 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 Classroom Helpers, the completed Health Form must be returned before school starts.

Please return this form and a non-refundable \$50 check (payable to Middletown Cooperative Preschool) to:

Middletown Cooperative Preschool  
Attention: Gladys Hartzell  
440 West St.  
Middletown, CT 06457

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_