



Middletown Cooperative Preschool

Parents and Teachers Working Together

2018--2019 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) _____

Please Check Which Option Best Fits Your Needs: School Day 9AM-1PM

- ___ 2 Day Per Week Tuition:-----\$235/mon. 10 payments Aug 1-May 1 Days Needed: M T W Th F
 - ___ 3 Days Per Week Tuition:-----\$285/mon. 10 payments Aug 1-May 1 Days Needed: M T W Th F
 - ___ 4 Days Per Week Tuition:-----\$345/mon. 10 Payments Aug. 1-May 1 Days Needed: M T W Th F
 - ___ 5 Days Per Week Tuition:-----\$405/mon. 10 Payments Aug.1-May 1 All Days Needed
- ___ Classroom Helper Opt -Out add \$50 per month to above tuition.

Extended Day Option: Hours 1-3PM

- ___ 2 Days Per Week Tuition:-----\$158/mon. 10 payments Aug 1-May 1 Days Needed: M T W Th F
- ___ 3 Days Per Week Tuition:-----\$197/mon. 10 payments Aug 1-May 1 Days Needed: M T W Th F
- ___ 4 Days Per Week Tuition:-----\$206/mon. 10 Payments Aug. 1-May 1 Days Needed: M T W Th F
- ___ 5 Day Per Week Tuition:-----\$215/mon. 10 Payments Aug.1-May 1 All Days Needed

A \$50 non-refundable fee is required to secure your child's spot in the preschool. Your 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. An electronic Enrollment Packet will be sent to you once we receive your information. This will be sent to you during the summer and will need to be completed by August 1. Please note that all families are required to pay a deposit, equivalent to one month's tuition, which will be applied to your June's tuition.

How Did You Hear About Us: _____

- A completed Enrollment Packet must be returned by **August 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
440 West St.
Middletown, CT 06457

Parent Signature _____ Date _____

440 West Street, Middletown, CT 06457

Phone: 860.344.0099 E-mail: info@middletowncoop.org Website: www.middletowncoop.org