

CHRISTIAN COOPERATIVE PRESCHOOL
6 Salem Street
Reading MA 01867
781-944-0612

APPLICATION FOR ENROLLMENT FOR SEPTEMBER 2018

Child's name _____ Primary language _____

Birth date _____ Place of birth _____

Parent information:

Father's name _____	Mother's name _____
home address _____	home address _____
home phone _____	home phone _____
occupation _____	occupation _____
work phone _____	work phone _____
cell phone _____	cell phone _____
email address _____	email address _____

Others in family (household) / and their relationship to child. For siblings please indicate birth dates:

_____/_____/_____ _____/_____/_____
_____/_____/_____ _____/_____/_____

Does your child have any allergies that require an epi pen? _____

When fulfilling the work commitment, will you have a sibling of the enrolled child with you?
(Babysitting is available)

No _____ Yes _____ if yes, child's name & birth date _____

Please choose days requested according to your child's age as of August 31, 2018:

Please indicate first and second choice:

Infant (ages 6 weeks – 11 mo)	_____	or	_____
	Monday/Wednesday		Tuesday/Thursday
1 yr class (1 yr – 1 yr 11mo)	_____	or	_____
	Monday/Wednesday		Tuesday/Thursday
2 yr class (ages 2yr – 2yr 11mo)	_____	or	_____
	Monday/Wednesday		Tuesday/Thursday
3 yr class (ages 3yr – 3yr 11mo)	_____	or	_____ plus _____
	Monday/Wednesday		Tuesday/Thursday Friday
4yr/5yr class (age 4yr – 5yr)	_____ or _____	or	_____ or _____
	Mon/Wed/Fri		Tues/Thur/Fri M-Th M- F

Our family is interested in one of the 'opt-out' spots _____. (The 'opt-out' fee of \$390 is due in full and is to be paid in July.)

Signature _____ Date _____