



CHRISTIAN COOPERATIVE PRESCHOOL

6 Salem Street  
Reading MA 01867  
781-944-0612

APPLICATION FOR ENROLLMENT FOR SEPTEMBER 2019

|                     |                        |
|---------------------|------------------------|
| 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, 2019:

Please indicate first and second choice:

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

\*Afternoon 4yr/5yr class  
(age 4yr-5yr) \_\_\_\_\_ M,T,W,Th 1:30-4:00 pm (Work commitment not required)

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

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