

Registration Form 2018 – 2019



Student's Last Name:		
Class: 2/3's	<input type="checkbox"/> Tues/ Thurs	<input type="checkbox"/> Tues./Fri.
	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.
3/4's	<input type="checkbox"/> Mon/Wed.	<input type="checkbox"/> Tues/Thur.
Pre-K	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Student's Name: _____ male / female		Date of Birth
Primary language spoken at home:		Secondary language:
Adult working in the classroom:		
Email:		Phone Number:
Secondary Adult working in classroom (Parent, Grandparent, Nanny, etc.):		
Email:		Phone Number:
Are you a new student? NO YES	Are you a returning parent? NO YES	Are you enrolling more than one child? NO YES
Does the student have any allergies, medical conditions, etc. ?		
Photographs: I agree to release photos of my child/children to Cedar Cross Cooperative Preschool for: (please circle all that apply)		
Advertising/print	Website	Do NOT allow
These People May NOT Pick Up:		

Parent/Guardian #1:		
Address:		
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Parent/Guardian #2:		
Address (if different):		
Cell Phone:	Home Phone:	Work Phone:
Email Address:		

***PLEASE PRINT CLEARLY WITH PEN**
Registration Fees & Tuition:

TURN PAGE OVER AND COMPLETE BACK

Non-refundable registration fee: \$75 for first child in program; \$40 for additional children in program.

**Registration Fee covers the cost of 2 Adult background checks, If you would like more than 2 on file you will be charged at a rate of \$25.00 per additional Background Check*

Check Class	Age on 8/31/18	Class Days	Class Times	Monthly Tuition
	2 years old	Tuesday/Thursday Tuesday/ Friday (Dual) Enrollment	9:30 – 12 noon	\$110.00
	2 years old	Thursday	9:30am – 12 noon	\$60
	2 years old	Friday	9:30am – 12 noon	\$60
	3 years old	Mon. /Wed.	9:30am – 12 noon	\$110
	3 years old	Tues. / Thurs.	9:30am – 12 noon	\$110
	4 years old	Mon. / Wed. / Fri. Morning	9:30am – 12 noon	\$145
	4 years old	Mon. / Wed. / Fri. Afternoon	12:45pm – 3:15pm	\$145

We require May's tuition to be paid at the beginning of the school year. It can be paid in full with September's tuition or paid in two parts with September's and October's tuition. **Classes are subject to change based on low enrollment ***

Parent Responsibilities:

Parent participation is required in the classrooms and other areas of our preschool. Outlined below is a brief overview of every parent's responsibilities to the preschool. **Please review and initial each item** to confirm you have read, understood, and are willing to meet your responsibilities to the preschool. Further details of each item are located in the Rights and Responsibilities handbook that can be found on-line at www.cedarcrosspreschool.com.

Responsibility	Description	Average Number of Times	Parent's Initials
Classroom work	<ul style="list-style-type: none"> Three parent helpers (snack, large motor and floater) help in the classroom each day and must arrive 15 minutes prior to class. A parent helper is NOT allowed to bring younger children to class. Parents must engage all children in the classroom and participate throughout the entire class. 	2's Class: 1 - 2 a month 3's Class: 2 - 3 times a month 4's Class: 3 - 4 times a month	
Parent Meetings	Parent Orientation is REQUIRED by all parents at the beginning of the year. There will be additional family events that attendance is optional.	Once a year	
Committees	Each family must participate in one Parent committee such as Teacher Assistant, Class Rep, Toy Cleaning, Special Events, Fundraising, etc.	1 committee per family	
Fundraising Responsibilities	Fall fundraiser is mandatory \$60 buy-out -or- \$120 in product sold.	There may be other non-mandatory opportunities.	
Tuition	The first month's tuition and May's tuition is due the first day of class. May's tuition can be split into two months.		
Background Checks and Sexual abuse training	All adult volunteers are required to pass state and federal background checks through Ministries safe, and pass sexual abuse training online.	<i>Bi-yearly</i>	

Miscellaneous Information:

I am qualified and, on occasion, willing to perform as a substitute teacher.	NO	YES	Name:
Will you require the use of the sibling care co-op while you are the scheduled 'working' guardian?	NO	YES	
How did you hear about Cedar Cross Cooperative Preschool:			

Parent/Guardian Signature:

Signature of Parent or Guardian:	Date:
----------------------------------	-------