

**PARENTS COOPERATIVE PRESCHOOL  
Enrollment and Registration Agreement 2015-2016**

NAME \_\_\_\_\_ POINTS \_\_\_\_\_

Entering my child into the Parents Cooperative Preschool, I understand the following information:

1. There is a registration fee and a deposit required. The \$35 registration fee is non-refundable and pays for our license and background checks. For a deposit refund, notify the Preschool of withdrawal by August 1, 2015. If during the year, you must withdraw, you must give the preschool a 30-day notice or forfeit the deposit. The deposit will be applied to May's tuition or the last month attending with the 30-day notice. Both registration fee and deposit must be paid in order to register.

|               | Registration Fee | Deposit | TOTAL |
|---------------|------------------|---------|-------|
| 2 days a week | \$35             | \$40    | \$75  |
| 3 days a week | \$35             | \$50    | \$85  |

2. Tuition is due the 1<sup>st</sup> of every month or your child's first preschool day after. If payment is not received by the 12<sup>th</sup> of the month, a \$5.00 late fee will be charged, unless other arrangements are made with the Director. There will be a \$10.00 service charge for any NSF checks.
3. Participating families will be assigned the appropriate number of helper days. Please inform the director if there are special requests. It is your responsibility to find a replacement when needed. Non-participating families will pay a higher tuition and must bring snack in for the required number of times they would otherwise help. The fee for not showing up for a helper day is \$20.
4. Orientation is mandatory for all new families and serves as the 2 hour in-service per state requirements for assisting in the classroom.
5. Classes begin Tuesday, September 1, 2015. The yearly calendar will be distributed to families. We follow the Fort Atkinson School District's calendar. Times and days of class are listed below.
6. All parents that plan to be a helper in the classroom must complete a Background Information Disclosure so that we may do background checks through the Department of Justice. These forms will be mailed or given to you prior to the start of the school year.

*All class times and tuition rates are listed below. This registration form is for our tuition-based openings only. 4K registration is done through the Fort Atkinson School District.*

| Teacher           | AM/PM | Class  | Days   | Times      | Tuition Per Month<br>(participating) (non-part) |       | # of Helper<br>Days | # of<br>Children |
|-------------------|-------|--------|--------|------------|---|-------|---------------------|------------------|
| Mrs. Christianson | AM    | Room 2 | M/W    | 8:00-11:00 | \$98  | \$120 | 8-9                 | 8                |
| Mrs. Christianson | AM    | Room 2 | T/Th   | 8:00-11:00 | \$98  | \$120 | 8-9                 | 8                |
| Mrs. Christianson | PM    | Room 2 | M/W    | 11:30-1:30 | \$65  | \$80  | 8-9                 | 8                |
| Mrs. Nehmer       | AM    | Room 3 | M/W    | 8:00-11:00 | \$92  | \$107 | 6 - 7               | 12               |
| Mrs. Nehmer       | AM    | Room 3 | T/Th   | 8:00-11:00 | \$92  | \$107 | 6 - 7               | 12               |
| Mrs. Nehmer       | PM    | Room 3 | T/W/Th | 12:00-2:30 | \$115   | \$131 | 9-10                | 12               |

Please fill out and sign the attached form to register. Keep this form for reference.

*The following information is distributed in a directory to Parents Cooperative Preschool families only, unless you notify the preschool otherwise.*

# PARENTS COOPERATIVE PRESCHOOL

## Enrollment and Registration Agreement

### 2015-2016



I have read the attached sheet and understand all the rules and policies regarding registration and joining Parents Cooperative Preschool

|   |  |                        |                         |                      |                        |                     |
|---|--|------------------------|-------------------------|----------------------|------------------------|---------------------|
| <b>CHILD'S FULL NAME</b>                  |  |                        |                         |                      |                        |                     |
| <b>NAME TO BE CALLED IF DIFFERENT</b>     |  |                        |                         |                      |                        |                     |
| <b>BIRTHDATE</b>                          |  |                        |                         |                      |                        |                     |
| <b>AGE ON 9-1-15</b>                      |  |                        |                         |                      |                        |                     |
| <b>ALLERGIES?</b>                         | ___NO ___YES please list:  |                        |                         |                      |                        |                     |
| <b>FATHER'S NAME</b>                      |  |                        |                         |                      |                        |                     |
| <b>MOTHER'S NAME</b>                      |  |                        |                         |                      |                        |                     |
| <b>ADDRESS</b>                            |  |                        |                         |                      |                        |                     |
| <b>CITY</b>                               |  |                        |                         |                      |                        |                     |
| <b>MAIN PHONE #</b>                       |  |                        |                         |                      |                        |                     |
| <b>EMAIL ADDRESS</b>                      |  |                        |                         |                      |                        |                     |
| <b>PARTICIPATING or NON-PARTICIPATING</b> | ___ Participating ___ Non-Participating                            |                        |                         |                      |                        |                     |
| <b>SPECIAL REQUESTS FOR HELPER DAYS?</b>  |  |                        |                         |                      |                        |                     |
| <b>DAYS/CLASS</b>                         | Room 2AM<br>Mon/Wed  | Room 2 AM<br>Tues/Thur | Room 2 PM<br>Tues/Thurs | Room 3 AM<br>Mon/Wed | Room 3AM<br>Tues/Thurs | Room 3 PM<br>T/W/Th |
| <b>DEPOSIT AMOUNT</b>                     | <b>\$40</b>  | <b>\$40</b>            | <b>\$40</b>             | <b>\$40</b>          | <b>\$40</b>            | <b>\$50</b>         |
| <b>REGISTRATION FEE</b>                   | <b>\$35</b>  |                        |                         |                      |                        |                     |
| <b>TOTAL DUE</b>                          | Checks can be made out to "Parents Cooperative Preschool" or "PCP" |                        |                         |                      |                        |                     |

**PARENT SIGNATURE**

**DATE**