



# Catonsville Co-op School

6 Melvin Avenue  
Catonsville, MD 21228



## Intent to Return – 2's

Child's Name (First, Middle, Last): \_\_\_\_\_

Birth date: \_\_\_\_\_ Child's Gender (circle one) M F

Parents Names: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Yes, we intend to return in the Spring, A check for \$50 towards tuition is included.

\_\_\_\_\_ No, we do not intend to return in the Spring.

\_\_\_\_\_ We are unsure at this time, but we do understand that enrollment will be opened to the public on **1/01/10** and that a space **will not be held** for my child after this date unless payment is received or arrangements have been made in writing with the Co-op Board.

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### Please choose the program for which you are applying:

Circle the morning you currently attend: **Tue. Wed. Thu**

Would you like to attempt to change days? \_\_\_ yes \_\_\_ no If so, to what class? **Tue. Wed. Thu.**

Has any of your application information changed (contact info, health info)?

\_\_\_ yes \_\_\_ no

If so, what has changed?

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**Admissions Policy:** Children must be 3, 4 or 5 years old respectively by September 1<sup>st</sup> of a school year, to enter the Two-Day (3YO), Three-Day (4YO), or Kindergarten programs. Enrollment for current Co-op families begins January 15. Open Enrollment begins February 15. Enrollment is done on a first-come, first-served basis.

*The Catonsville Co-op School does not discriminate on the basis of race, color, and national or ethnic origin with regards to students, parents, or faculty.*

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DATE OF ENROLLMENT \_\_\_\_\_

Check No. \_\_\_\_\_

Check Date \_\_\_\_\_

Amount: \_\_\_\_\_

Acceptance Ltr. \_\_\_\_\_