Catonsville Cooperative Preschool

6 Melvin Avenue
Catonsville, MD 21228
410-747-0218

Student Application

RETURN TO: Attn: Membership Coordinator (membership@catonsvillecoop.org)

DATE OF APPLICATION: _____

Child's Name : _____ Birth date: _____ Gender: **M   F**
          (First, Middle, Last)   (mm/dd/yy)   (circle)

Address: _____City, State, Zip: _____

Parent / Guardian: _____

Home Phone: _____Work Phone: _____ Cell Phone:_____

Email: _____

Parent / Guardian: _____

Home Phone: _____Work Phone: _____ Cell Phone: _____

Email: _____

Have you had previous experience in a co-op school or a preschool? _____Yes _____No

    If yes, where: _____

Will you need babysitting when you work in the classroom? _____ Yes _____ No

    If yes, ages of children: _____

How did you learn about our school? _____

Any Allergies, Health Problems or Special Needs?

Describe:_____

3's and Pre-k only - Any prescription medications that might need to be administered during school hours:

(Additional forms will need to be completed by your child's pediatrician, they will be sent in the Welcome Packet.)

Circle one: Yes   No

Please choose the program for which you are applying:

_____ Preschool: 2 year old Parent Participation Program (One adult participates with the child each class)

    (list 1st and 2nd choice: Tuesday____   Wednesday____   or Thursday____)   *9:30 am – 11:30 am*

_____ Preschool: 3 year old Program (Tuesday and Thursday)   *9:15 am – 11:45 am*

_____ Prekindergarten: 4 year old Program (Monday, Wednesday and Friday)   *9:15 am – 12:30 pm*

To be completed for 3's and Pre-k Class applicants only:

Name of "Co-oping" Adult: _____ Relationship to Child: _____

Co-oping Adult's Address: _____

Co-oping Adult's Phone (s): _____ Email: _____

Is the co-oping adult certified in the following, if yes, please provide copy of card(s)

     CPR?   _____ No   _____ Yes (Expiration date: _____)

     First Aid?   _____ No   _____ Yes (Expiration date: _____)

Has co-oping adult had any previous study in child development? _____

Admissions Policy: *Children entering the 2's, 3's, or Pre-k classes must be 2, 3, or 4 years old respectively by September 1ˢᵗ of the entering school year. Enrollment for current families begins January 1st. Open enrollment for new families begins the day of Open House. Enrollment is done on a first-come, first-served basis.*
Please Note: All immunizations are mandatory for enrollment, unless your child has a medical condition that prevents them from currently being immunized. You must submit documentation with explanation from your child's pediatrician.

The Catonsville Cooperative Preschool does not discriminate on the basis of race, color, and national or ethic origin with regards to student, parents, or faculty.

Please see below for session fees. Please make checks payable to CNA.

2 Year Old Program		3 Year Old / Prekindergarten Programs	
Non-refundable registration fee *Due at time of registration and holds your place in the class*	$30	**Non-refundable registration fee** (Previously Enrolled (**$30**) / New Member (**$55**)) *Due at time of registration*	
Session Fee (Fall Semester) *Will be invoiced with Welcome Packet*	$245	**Refundable September tuition** (3's Class / Prekindergarten) *Due at time of registration and holds your child's place in the class* *Current families may pay September tuition in May of current year* *Refundable only if withdrawal before June 1ₛₜ*	$110/$160
Session Fee (Spring Semester) *Invoice will be sent / given to you*	$245	**Non-refundable May tuition** (3's Class / Prekindergarten) *Will be invoiced with Welcome Packet*	$110/$160
		Refundable performance bond (3's & Pre-k) *Will be invoiced with Welcome Packet*	$75.00
2 Year Old Program		**3 Year Old/Prekindergarten Programs**	
Total included with form: _____ (reg. fee only)		Total included with form: _____ (reg. & Sept. tuition)	

Payment Method: ☐ Check payable to CNA   ☐ Venmo: @catonsville-coop-1 (include child's name in notes)

Please sign below in recognition of understanding and agreement to the terms of this application.

_____   _____

Parent / Guardian signature   Date

For office use only: _____

DATE OF ENROLLMENT _____   Acceptance Letter/Email: _____

Check No._____

Check Date _____

Amount: _____   To Treasurer: _____

Form revised 12/20