



**Catonsville Cooperative Preschool**  
6 Melvin Avenue  
Catonsville, MD 21228



**Student Application**

**RETURN TO:** Attn: Membership Coordinator

**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 1<sup>st</sup> and 2<sup>nd</sup> 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 1<sup>st</sup> 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 ethnic origin with regards to student, parents, or faculty.*

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

<b>2 Year Old Program</b>		<b>3 Year Old / Prekindergarten Programs</b>	
<b>Non-refundable registration fee</b> <i>Due at time of registration and holds your place in the class</i>	<b>\$30</b>	<b>Non-refundable registration fee</b> <i>(Previously Enrolled (\$30) / New Member (\$55) Due at time of registration</i>	
<b>Session Fee (Fall Semester)</b> <i>Will be invoiced with Welcome Packet</i>	<b>\$240</b>	<b>Refundable September tuition</b> <i>(3's Class / Prekindergarten) Due at time of registration and holds your child's place in the class</i> <i>Current families may pay September tuition in May of current year</i> <i>Refundable only if withdrawal before June 1<sup>st</sup></i>	<b>\$105 / \$155</b>
<b>Session Fee (Spring Semester)</b> <i>Invoice will be sent / given to you</i>	<b>\$240</b>	<b>Non-refundable May tuition</b> <i>(3's Class / Prekindergarten) Will be invoiced with Welcome Packet</i>	<b>\$105 / \$155</b>
		<b>Refundable performance bond (3's &amp; Pre-k)</b> <i>Will be invoiced with Welcome Packet</i>	<b>\$75.00</b>
<b>2 Year Old Program</b>		<b>3 Year Old / Prekindergarten Programs</b>	
Total included with form: _____(reg. fee only)		Total included with form: _____(reg. & Sept. tuition)	

**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: \_\_\_\_\_