

Names and Ages of Sibling(s): _____ Age: _____
_____ Age: _____
_____ Age: _____

Have any of these siblings attended CCP (formerly Playtime Preschool)? Yes _____ No _____
If yes, please list: _____ Attended: ___/___/___ Thru ___/___/___
_____ Attended: ___/___/___ Thru ___/___/___

Does your child speak any other language(s)? Yes ___ No ___ If yes, what language(s):

What language does your child speak at home? _____

If not English, please rate your child's English language capability:

- ___ Speaks English well
- ___ Speaks some English words and phrases
- ___ Understands English but does not speak English
- ___ Does not speak or understand any English

Has your child attended any other preschool(s) or other child care/early education programs? Yes ___ No ___

If yes, please list school(s): _____

Signing this form gives Campus Cooperative Preschool permission to exchange information with the above listed schools.

Is your child currently receiving special services? Yes ___ No ___

If yes, please indicate type of service: _____

Are there any special needs that your child has that the teachers need to be alerted to (e.g., allergies)?

How did you hear about CCP? _____

Name of the family who provided a referral: _____

Enrollment Fee: \$150 will be due at the time of enrollment. This fee will hold your child's spot at CCP. The enrollment fee is non-refundable. The enrollment fee for a second child is \$100.

Tuition: Your yearly tuition is paid in nine installments August - April.

Families who sign up to be a Cleaning Family will receive a \$25 discount on monthly tuition (limited availability).

Families who sign up to be a Board Member will receive a \$25 discount on monthly tuition (limited availability).

Families with co-enrolled siblings are given a 10% discount applied to the second child's monthly tuition.

Families who refer a family who enrolls will receive a \$25 discount on **one** month's tuition.

Snack/Supply Fees: \$60.00 due by August 25, 2026 and February 1, 2027

If I wish to withdraw my child **after the first day of August**, I agree to give one month's **written notice** to the Director. I still will be held accountable for the September monthly tuition and snack/supply fee **payable by or on the first day of September**. Both payments are non-refundable regardless of the reason(s) for withdrawal from the program, even though my child may not be in attendance.

Please send this enrollment form along with the non-refundable enrollment fee to Campus Cooperative Preschool. Please make checks payable to **Campus Cooperative Preschool**.

Signature of Parent / Guardian

_____/_____/_____
Date

Official Use Only:

App. Rec'd: _____ Confirm. Letter Sent: _____ Payment Req. Letter Sent: _____ Enrollment Fee: _____ Supply Fee: _____ Class: _____