Campus Cooperative Preschool

Formerly Playtime Preschool

ENROLLMENT APPLICATION
2025-2026 School Year

_____ ____/____/____ ____M____F
Name of Child (Last, First, Middle) Date of Birth

_____
Address (Street, Route, Box #, Apt.) City State Zip

_____ _____
Phone Birthplace

Enrollment Plan: (Does not affect enrollment decisions)

_____ Non-Cleaning _____ Cleaning (limited availability) _____ Board Member (limited availability)

Class Preferred: Your child must meet age requirements in order to attend a given class at any time during the year.

____ Preschool Class (Tuesday, Thursday)	3-4 years old (age 3 by Dec. 31)	$250/month
____ Preschool Class (Monday, Wednesday, Friday)	3-4 years old (age 3 by Sept. 1)	$310/month
____ Preschool Class (Monday - Friday)	3-4 years old (age 3 by Sept. 1)	$495/month
____ Pre-Kindergarten Class (Monday, Wednesday, Friday)	4-5 years old (age 4 by Sept. 1)	$310/month
____ Pre-Kindergarten Class (Monday - Friday)	4-5 years old (age 4 by Sept. 1)	$495/month

NOTE: *Children in the Preschool classes need to be in the final stages of toilet training.*

Family Information:

_____ Parent's Name	_____ Parent's Name
_____ Home Address (if different)	_____ Home Address (if different)
_____ Home Phone	_____ Home Phone
_____ Cell Phone	_____ Cell Phone
_____ Occupation	_____ Occupation
_____ Employer's Address	_____ Employer's Address
_____ Work Phone	_____ Work Phone
_____ Email	_____ Email

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1203 West Green Street, Urbana, IL 61801 (217) 344-1623

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: _____

Tuition: Your yearly tuition is paid in nine payment installments as follows:

Preschool Class (T/TH)	$250*
Preschool Class (M/W/F)	$310*
Preschool Class (M-F)	$495*
Pre-Kindergarten Class (M/W/F)	$310*
Pre-Kindergarten Class (M-F)	$495*

* 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.

There are semester Material/Snack Fees of $55 due by August 25, 2025, and February 1, 2026.

New students: $150 will be due at the time of enrollment. *Returning students*: $100 will be due at the time of enrollment. *Siblings*: The enrollment fee for a second child is $100. This fee will hold your child's spot at CCP. The fee is non-refundable.

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 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: _____