



# THE CO-OP PRESCHOOL

220 S. MAIN STREET • LOMBARD, ILLINOIS 60148

---

## Registration Agreement 2019-2020

**Child's Name** \_\_\_\_\_

I wish to enroll my child in \_\_\_\_\_  
(see class descriptions/options below)

YES or NO - I would be willing to enroll my child in another class if there is not sufficient enrollment in my preferred class.

**Parent/Tot** (Tuesday @ 9:00 AM - 11:00 AM)

Children 15 months – 30 months accompanied by an adult

**Tiny Tots** (Monday & Wednesday @ 9:00 AM - 11:30 AM)

Children must be 2 years old at the start of class

**Little Learners** (Tuesday & Thursday @ 9:00 AM - 11:30 AM)

Children between 2 ½ and 3 ½ years old (Children must be 2 by March 1)

**Young Explorers AM** (Monday, Wednesday, Friday @ 9:00 AM - 11:30 AM)

Children 3- 5 years old (not attending Kindergarten the following year)

**Young Explorers PM** (Monday, Wednesday, Friday @ 12:30 PM - 3:00 PM)

Children 3-5 years old (not attending Kindergarten the following year)

**Pre-Kindergarten AM** (Monday, Wednesday, Friday @ 9:00 AM - 11:30 AM)

Children who are going into Kindergarten the following year

**Pre-Kindergarten PM** (Monday, Wednesday, Friday @ 12:30 PM - 3:00 PM)

Children who are going into Kindergarten the following year

### Registration/Supply Fee

There is a \$110 non-refundable registration/supply fee at the time of enrollment for the first child, \$75 for the second child, and there is no fee for a third child. This fee is refundable ONLY if a class is cancelled. You will be notified by August 1st if any class is cancelled due to low enrollment. There is NO registration fee for the Parent/Tot class.

**Tuition Due Dates**

In order to secure your child’s spot in a specific class, May 2020 tuition is due by July 1, 2019. If tuition for May 2020 is **not** received by the July 1, 2019 deadline, your child can be withdrawn from his/her class. Tuition for September is due at orientation. From then on tuition is due on the first day of each month. If tuition is not received or if you have not contacted the treasurer by the 10th of the month, there will be a \$10 late fee. If tuition is still not paid your child can be withdrawn by the school. If you are not able to volunteer there is an option to pay for an aide. There is \$5.00 monthly discount for the second child in the same family (excludes parent/tot and enrichment classes).

**Withdrawal**

If you withdraw your child prior to August 1st, your May 2020 tuition will be refunded. If for any reason you have to withdraw your child after August 1st, the May 2020 tuition will **not** be refunded. If you need to withdraw your child from the program throughout the year, we ask that you please let the Director know **two weeks** prior to your child’s last day of school. If the child is withdrawn without proper notification a fee of \$25 will be charged.

I hereby agree to the above stated policies:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# The Co-Op Preschool

## Release Form

Child's Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Place \_\_\_\_\_

### First Parent/Guardian

Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Working Hours \_\_\_\_\_

### Second Parent/Guardian

Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Working Hours \_\_\_\_\_

### Family Physician Information

Practice Name/Doctor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Please list two people **other than the above listed parent/guardian** to pick up in case of an emergency

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

- I understand the school's operation hours are Morning Classes 9:00- 11:30 AM (11am for Parent/Tot); Afternoon Classes 12:30- 3:00 PM
- I understand and give consent to the reciting of a simple grace before eating.
- I hereby give consent to The Co-Op Preschool to take my child on walking trips in the neighborhood, special excursions to places of interest with the understanding that such trips are under the supervision of authorized personnel of the school.
- I hereby give consent for my child's photograph to be used in connection with the school.
- I hereby give consent for my child and/or the school to be involved in research provided notification is given to parents.
- In case of sickness or accident of my child while under the care and supervision of The Co-Op Preschool, I, the undersigned, hereby give my consent to the attending teacher to:
  - Personally provide emergency first aid treatment
  - Provide emergency care and/or treatment through a clinic, hospital or private doctor
  - In regard, I give express consent for x-rays if the doctor/clinic or hospital deems it advisable or necessary. I also agree to pay all costs and fees associated with emergency medical care and/or treatment for my child as secured or authorized under this consent.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Date of Admission \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

## The Co-Op Preschool Admission Data

Child's Name \_\_\_\_\_

Name you would like your child called at school \_\_\_\_\_

Male Female

Child's Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

1st Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_

2nd Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Marital Status \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Second Parent's Address (if different)  
\_\_\_\_\_

Please list other children in your family by name and age  
\_\_\_\_\_

### Q&A

Has your child previously attended a preschool or park program? If yes, where?  
\_\_\_\_\_

Is there anything about your child we should know?  
\_\_\_\_\_

Are there any holidays or events your family celebrates?  
\_\_\_\_\_

Does your child have any emotional or social problems?  
\_\_\_\_\_

Does your child have any physical problems?  
\_\_\_\_\_

Does your child take any medications on a regular basis?  
\_\_\_\_\_

Is your child potty trained?  
\_\_\_\_\_

Does your child have any allergies or food restrictions?  
\_\_\_\_\_

In which school district do you reside?  
\_\_\_\_\_

