

COBBLE HILL PLAYGROUP PRESCHOOL Application

Applying for School Year, beginning September _____ to May _____

Name of Child: _____

Birthdate: ___ / ___ / _____ Gender: M ___ F ___

Name of Parent(s)/Guardian(s): _____

Address _____

City, State, Zip _____

Email: (provide only if you check it daily) _____

Phone: (_____) _____ - _____ Alternate (_____) _____ - _____

My child is a returning student: Yes _____ No _____

I have had the following other children attend CHP: _____

Please check (v) the total number of sessions you would like your child to attend in accordance with the schedule options listed below. A session is a morning (9:00 to 11:45) or an afternoon (12:30 to 3:15).

Program for 2 year olds: _____ (2 sessions) Tuesday & Thursday mornings **OR**
_____ (2 sessions) Tuesday & Thursday afternoons

Program for 3 year olds*: _____ (3 sessions) Monday, Wednesday & Friday mornings
_____ (5 sessions) Monday, Tuesday, Wednesday, Thursday & Friday mornings
_____ (2 sessions) Monday & Wednesday afternoons
_____ (2 sessions) Tuesday & Thursday afternoons
_____ (4 sessions) Monday, Tuesday, Wednesday & Thursday afternoons

Program for 4 year olds: _____ (3 sessions) Monday, Wednesday & Friday mornings
_____ (5 sessions) Monday, Tuesday, Wednesday, Thursday & Friday mornings
_____ (2 sessions) Monday & Wednesday afternoons
_____ (2 sessions) Tuesday & Thursday afternoons
_____ (4 sessions) Monday, Tuesday, Wednesday & Thursday afternoons
_____ (9 sessions) Monday through Thursday full day, Friday mornings

_____ We are VERY flexible and will take AM or PM sessions.

*Eligible for full day program (morning and afternoon), space permitting.

Enclosed is my \$100 non-refundable, non-transferable fee.

Mail this application WITH a \$100 check or money order to:

Cobble Hill Playgroup, Inc.

93 Rapelye Street

Brooklyn, NY 11231

www.cobblehillplaygroup.com

Parent/Guardian Signature

For Office Use:

Amount: _____ Date Received: _____ Check No. _____ Placement: _____