

# 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 (✓) 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 \$500 application deposit to be applied to my child's tuition. This deposit is fully refundable until a space for my child is offered and I accept it by signing CHP's Enrollment Agreement, due one week after the space is offered.

**Mail this application WITH a \$500 deposit to:**

Cobble Hill Playgroup, Inc.  
93 Rapelye Street  
Brooklyn, NY 11231  
[www.cobblehillplaygroup.com](http://www.cobblehillplaygroup.com)

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

**For Office Use:**

Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check No. \_\_\_\_\_ Placement: \_\_\_\_\_