



Application Form

Child's Full Name: _____ Date of Birth: _____ Sex: _____

Parents' Names: _____

Address: _____

Telephone: (Cell) _____ / (Home) _____

E-mail: _____

Which session is your first, second, and third choice?*

☐ **2-Day Preschool** (Child must be age 2.9 by September 1 [age 3 by December 1] of application year.)
Tuesday/Thursday 8:45 am to 11:45 am

☐ **3-Day Preschool** (Child must be age 3 by September 1 of application year.)
Monday/Tuesday/Wednesday 8:45 am to 11:45 am

☐ **3-Day Preschool** (Child must be age 3 by September 1 of application year.)
Monday/Wednesday/Thursday 8:45 am to 11:45 am

☐ **4--Day Preschool** (Child must be age 3 by September 1 of application year.)
Monday/Tuesday/Wednesday/Thursday 8:45 am to 11:45 am

☐ **Pre-K** (Child must be age 4 by September 1 of application year.)
Monday through Thursday 8:45 am to 11:45 am

☐ **Pre-K plus Extended Day** (Child must be age 4 by September 1 of application year.)
Monday / Tuesday / Wednesday / Thursday 8:30 am-1:30 pm (with the exception of days Extended day is not offered, per school calendar)

** Days and times subject to change based on enrollment.*

How did you hear about CCP? _____

Is your child a sibling of a present or former student? _____

Has your child received services? (Early Intervention, speech, OT), please describe.

Enclosed is a \$50.00 non-refundable application fee (check made payable to CCP) for the upcoming school year. I realize that the final approval of this application is dependent upon an opening in the school. My child's name will be placed in the lottery file when the registration form and the application fee are received. Applications will be accepted for lottery until February 1, at which time the lottery will occur. Applications submitted after the February 1st cut-off will be added to the waiting list on a first-received basis behind those families who acquired a waiting list place through the lottery. (Note: Application fee is waived for currently enrolled students. Currently enrolled families, please submit application by January 20th.)

Parent's Signature: _____ Date: _____

Contact: Enrollment Coordinator, Linda Swartz lindaswartz67@gmail.com

Community Cooperative Preschool, 390 Main Street, North Andover, MA 01845