

## PRESCHOOL ENROLLMENT FORM

Child's Name:	Last:	First:	MI:
<small>Must be turning 3 or 4 by December 31<sup>st</sup></small>	DOB:	Age:	Sex: (circle) M      F
Father:		Ethnicity: (circle) Asian Black Caucasian Hispanic Other:	
Home Phone:		Address:	
Cell Phone:		City:	State:      Zip Code:
Email:		Employer: Employer Phone:	
Mother:		Address: Same as above: <input type="checkbox"/> check	
Home Phone:		City:	State:      Zip Code:
Cell Phone:			
Email:		Employer/Phone:	

### FAMILY INFORMATION

<u>Younger</u> siblings at home with their ages:	1)	2)
	3)	4)

### PRESCHOOL/DAYCARE EXPERIENCE

Please complete if your child **attended** a public or private preschool, nursery school, licensed daycare center, or home daycare. *The definition of a public or private preschool, nursery school, or licensed daycare: there are more than 12 children in the program; variations of length of day include part-day, school day, extended day.*

Name of program:			
Town in which program is located:			
Start date:	End date:	Days per week:	Hours per day:
Name of second program (if applicable):			
Town in which program is located:			
Start date:	End date:	Days per week:	Hours per day:
If your child <b>DID NOT ATTEND</b> a public or private preschool, nursery school, or licensed daycare center, please check all the reasons that apply:			
<input type="checkbox"/> Family preference/choice	<input type="checkbox"/> Limited transportation	<input type="checkbox"/> Cost	<input type="checkbox"/> Lack of information
		<input type="checkbox"/> No spaces available	<input type="checkbox"/> Limited hours
<input type="checkbox"/> Other (please specify):			
Did you participate in any of the following with your child? Please check all that apply:			
<input type="checkbox"/> Family Resource Ctr	Location:	<input type="checkbox"/> Library Groups	Location:
<input type="checkbox"/> Playgroups	Location:	<input type="checkbox"/> Other:	

**PLEASE CONTINUE TO REVERSE SIDE**

### PROGRAM SELECTION

**\*\*Please select the program you would like by indicating 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice\*\***

**AM PROGRAM – 8:30 to 11:00**

**PM PROGRAM – 12:00 to 2:30**

AM - 2 day per week program (Mondays and Tuesdays) – 3 year olds ONLY  
Tuition: \$1,200 per year or 4 payments of \$300.00

AM - 3 day per week program (Wednesdays - Fridays) – Mixed age 3 & 4  
Tuition: \$1,700 per year or 4 payments of \$425.00

PM - 3 day per week program (Wednesdays - Fridays) – Mixed age 3 & 4  
Tuition: \$1,700 per year or 4 payments of \$425.00

AM - 5 day per week program (Monday – Friday) – Mixed age 3 & 4  
Tuition: \$2,300 per year or 4 payments of \$575.00

PM - 5 day per week program (Monday – Friday) – Mixed age 3 & 4  
Tuition: \$2,300 per year or 4 payments of \$575.00

**PLEASE CHECK ALL THAT APPLY & SIGN**

Applying for School Readiness Financial Assistance?  
*Please review Readiness Form and Income Guidelines*

Enrolling in Lunch Bunch? 11:00-12:00 daily  
*AM or PM session children may participate  
Drop in \$10/day; 3 days: \$7.50; >3 days: \$6.00/day  
\*Designated & as-needed days are available options*

Applying for Care for Kids? *Financial Assistance Program - Forms available in CECC office*

Does your child have any allergies? *If yes, allergy forms will be mailed to you for completion*

***I authorize all staff employed by CECC access to all information in my child's file including health, personal, and academic info.***

Signature:

Date:

**Please send your completed application along with a non-refundable \$50 registration fee to:**

**CECC  
P.O. Box 251  
Coventry, CT 06238**

**You may also register on-line at [www.coventryecc.org](http://www.coventryecc.org)**

For office use only:	
Date Recd:	Reg Fee:
	Check #:
Date Entered Program:	