## DELAWARE COOPERATIVE PRESCHOOL
## REGISTRATION FORM

55 West Lincoln Avenue, Delaware, Ohio 43015
www.dcpkids.com   740-369-7808

Child's Name (to be used in classroom):_____

Birthdate: __/__/__  Gender: M or F

Parents' or Guardians' Names:_____

Home Phone:_____

Family's Address:(street, city, state, zip):_____

_____

Father's Phone:_____Additional Phone:_____

Mother's Phone:_____Additional Phone:_____

Family's Main E-mail Address:_____

On August 1st, your child will be_____years old.
   (Your child must be 3 years old by August 1st to enroll in Preschool and 2 years old by August 1st to enroll in Toddler Time.)

MEMBERSHIP FEE:  $60 per family.  Payable with completion of this registration form.

SELECTION OF SESSIONS:   Please circle the classes you are requesting. **Registration is on a first come, first serve basis.** Member Registration begins Feb. 1st. Open Registration for the community begins at our annual February Open House.   DCP is committed to providing students and families with equal opportunity to education without discrimination based on race, color, veteran status, religion, national origin, political affiliation, sex, sexual orientation, or age.  Classes are offered based on a minimum enrollment size.

**TODDLER TIME:**     Tuesday  Wednesday  Thursday                                                 $450 (for each session)
**PRESCHOOL:**     Monday     Tues. AM    Tues. PM    Wednesday    Thurs. AM    Thurs. PM    Friday    $570 (for each session)

# of  sessions_____X fee per session_____ =_____ total tuition due + $30 cleaning fee (per child)=_____

Payment Options:
   ❏   Option 1:  Entire tuition plus cleaning fee paid on or before August 1st.
   ❏   Option 2:  Tuition plus cleaning fee paid in three equal installments and paid August 1st, November 1st and February 1st.

By checking an above option, the undersigned agrees to a payment plan.  Payments will be made either in the form of a personal check or money order and will be mailed to DCP or placed in the school's lock box.  Cash cannot be accepted.

   ❏    I plan to use a Dependent Care Flexible Savings Account to pay DCP and will require documentation.

Withdrawal:  If you must withdraw your child, you must provide a 30-day written explanation for withdrawal and are responsible for paying tuition for 30 days following the notice.  There will be no refunds after March 1st.

Parent's Signature:_____Date:_____

For Office Use Only:     Registration Fee/Tuition/Cleaning Payments Received:

Date Received:_____ Check #_____ Amount:_____    Date Received:_____ Check #:_____ Amount:_____

Date Received:_____ Check #_____ Amount:_____    Date Received:_____ Check #:_____ Amount:_____

Revised 2/1/2019