

Milford Cooperative



Behind every great kid  
is a great school!  
Preschool

## Milford Cooperative Preschool TOT ENROLLMENT FORM 2017-2018 School Year

CHILD'S NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_ CHILD'S BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

EMERGENCY CONTACT (Name/Phone): \_\_\_\_\_

Any child **2 ½ years (30 months)** old by the first day of the month in which they enroll is eligible for enrollment in the independent (without a parent) Tot Program. Parent or guardian must be reachable by phone and be able to return to the school within 10 minutes or less in the event that their child needs diapering.

**\*Tot sessions will run if there are 4 or more enrollees in the class.\***

Place an "X" by your choices

9 Payments of:

**Fridays - 9:30AM-11AM**

\_\_\_\_\_

**\$53**

In order to secure your registration, please return the following, **no later than one week prior to your student's start date**, to **Milford Cooperative Preschool**, 525 Hickory Street, Milford, MI 48381 (all checks should be made payable to MCP):

1. Completed **Enrollment Form**
2. **Enrollment Fees:**
  1. **\$25 Registration Fee** (one-time fee)
  2. **First month's tuition**

**Payment Amount**

Monthly Payment: \_\_\_\_\_ or

10% discount for siblings of current MCP students - Monthly Payment: \_\_\_\_\_ or  
(will be deducted from the lower of the tuition amounts)

5% discount for year's tuition paid in full at time of enrollment - One-Time Payment: \_\_\_\_\_

Registration fee - \$25 + \_\_\_\_\_

**TOTAL PAYMENT = \_\_\_\_\_**

Contact our Membership Secretary with questions.  
Ray Reese-Cook: [mcpmembershipsecretary@gmail.com](mailto:mcpmembershipsecretary@gmail.com) or (734) 972-6969

I hereby understand and agree that I shall not, in any way, hold Milford Cooperative Preschool or any school faculty or board responsible for any injuries or accidents that may happen to my child while attending MCP. I understand and agree that I shall be responsible for notifying the Director and the Membership Secretary if my child will no longer be attending the preschool. I further understand that tuition for each session must be paid in full by the first class. Any refunds will be prorated, depending on how many classes were attended.

PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

***In order to better plan for future enrollment, please answer the following questions.***

1. How did you hear about/what made you choose MCP? \_\_\_\_\_
2. Who referred you? \_\_\_\_\_ (If not filled in, \$35 credit will not be given.)

**For school use only:** Date: \_\_\_\_\_ Lottery#: \_\_\_\_\_ Check#: \_\_\_\_\_

The Milford Cooperative Preschool is a non-profit organization and does not discriminate on the basis of sex, race, creed, ethnic or national origin.