

Milford Cooperative



Milford Cooperative Preschool PARENT/TOT ENROLLMENT FORM 2018-2019 School Year

CHILD'S NAME: _____ NICK NAME: _____

PARENTS' NAMES: _____ CHILD'S BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

ALLERGIES: _____

EMERGENCY CONTACT (Name/Phone): _____

Any child **2 years (24 months)** old by the first day of the month in which they enroll is eligible for enrollment in the Parent/Tot Program.

Parent/Tot sessions will run if there are 4 or more enrollees in the class.

Place an "X" by your choices Monthly Payments of:

Friday - 9:30AM-10:45AM

Fall Session-September-December (4 mo.) _____ \$36

Winter/Spring Session-January-May (4 mo.) _____ \$36

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. If child & parent attend multiple sessions, fee waived for second session)
2. **First month's tuition** (You will be billed for tuition when classes commence)

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 + (one-time fee. If child & parent attend multiple sessions, fee waived for second session)

TOTAL PAYMENT = _____

Contact our Membership Secretary with questions.
Lyndsay Sebestyen: mcpmembershipsecretary@gmail.com or call (248) 685-0021

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#: _____ Checkk#: _____

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

Form Updated: 8/9/2017