



Community Co-op Preschool

Application Form

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

Parents' Names: _____

Address: _____

Telephone: (Home) _____ / (Work/Cell) _____

E-mail: _____

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

- 2-Day Morning** (Child must be age 2.9 by September 1 [age 3 by December 1] of application year.)
Tuesday/Thursday 8:45 am to 11:30 am
- 3-Day Morning** (Child must be age 3 by September 1 of application year.)
Monday/Wednesday/Friday 8:45 am to 11:30 am
- Pre-K** (Child must be age 4 by September 1 of application year.)
Runs either M through Th 12:45 pm to 3:30 pm or M & W 8:45 am to 1:00 pm and Fri 8:45 am to 11:30 am, depending on enrollment

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

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

Does your child have any special needs that we should be aware of? _____

How did you hear about CCP? _____

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.

Parent's Signature: _____ Date: _____

Return this form to: VP Enrollment, Community Cooperative Preschool
P.O. Box 194
Andover, MA 01810

396 Main Street North Andover, MA 01845 (978) 682-9006 www.communitycooperativepreschool.org

Mailing Address: P.O. Box 194 Andover, MA 01810