



## Community Cooperative Preschool

[www.communitycooperativepreschool.org](http://www.communitycooperativepreschool.org)

### Application Form

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work)

E-mail: \_\_\_\_\_

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

Child must be age 2.9 by September 1 (age 3 by December 1) of application year.

2-Day Morning: \_\_\_\_\_  
Tuesday/Friday

Child must be age 3 by September 1 of application year.

3-Day Morning: \_\_\_\_\_  
Tuesday/Wednesday/Friday

Child must be age 4 by September 1 of application year.

4-Day Afternoon: \_\_\_\_\_  
Monday/Tuesday/Wednesday/Thursday

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 1<sup>st</sup> 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