

**KINDERGARTEN ENRICHMENT PROGRAM**

 **INFORMATION SHEET**

**2020-2021**

Chatham Methodist Preschool

460 Main Street

Chatham, NJ 07928

973-635-5261

Amy Crandall, Director

**CLASS OFFERINGS**:

**Morning Enrichment:**

**TUES/WED/THU/ FRI enrichment class 8:45 -12 PM, BYO Lunch Included**

***OR***

**Afternoon Enrichment:**

**TUES/WED/THU Enrichment class 11:30 AM-2:30 PM, BYO Lunch Included**

Children must be 5 years old by October 1, 2020 and Enrolled in Public Kindergarten

* **Tuition rate: 3 day class (Tues, Wed, Thu): $3,400 per year**

**4 day class (Tues, Wed, Thu, Fri): $4,500 per year**

1. A $250 non-refundable deposit is required by June 1, 2020 in order to secure your child’s enrollment. This payment will be deducted from the tuition bill.
2. Tuition payments are billed in the months of July, September, and December 2020 and due within 15 days of receipt.

***Confirmation of enrichment class time will be made ASAP after Kindergarten assignments are received. Contact Registrar, Jennifer Bremmer, as soon as you know your Public School Kindergarten AM or PM assignment.***

**PROGRAM HIGHLIGHTS:**

* Creatively designed to compliment your Kindergartner’s school day
* Program coordinated by certified teacher with K Enrichment planning credentials
* Communication with district Kindergarten teachers to reinforce NJ state standards
* Exploration of Literacy, Math, Science, and Art
* Experiential learning… have fun, learn by doing!
* Benefit from a Nurturing Class Size – maximum of 10 students with 2 teachers
* Fridays are a highly creative and imaginative theme based study called More to Explore

 **REGISTRATION PROCEDURE**

**PRIORITY REGISTRATION BEGINS ON DECEMBER 1, 2019. Alumni families and church members may register in December. OPEN REGISTRATION BEGINS ON JANUARY 1, 2020. Applications should be mailed to the Preschool Registrar or may be dropped off at the Preschool. Confirmation will be ongoing with deposits due by June 1, 2020.**

 The completed registration form and the $65 non-refundable application fee should be mailed to:

 Chatham Methodist Preschool Registrar

 460 Main Street

 Chatham, NJ 07928

1. Please make checks payable to: CMP.
2. You will be notified ASAP as to whether your child has been enrolled in the class selected or placed on the waiting list.
3. Questions may be directed to the Director, Amy Crandall, at 973-563-8301 or cmpdirector@optonline.net.

**KINDERGARTEN ENRICHMENT REGISTRATION FORM**

 CMP Alumni Family  CUMC Member 

***Priority Registration*** *applications may be submitted after* ***December 1, 2019.******Open Registration*** *begins* ***January 1, 2020.*** *Notification of enrollment status will be ongoing.*

***Please Print:***

**Child’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name to be used in school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M  F 

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

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Primary E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Cell) (Business)

Place of Employment: (Company Name & complete address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Cell) (Business)

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Siblings: (Names, Birth Dates)

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\*\*If requested which Public School K session (AM/PM) did you indicate for your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District in which your child is enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list prior schools attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please choose 1st and 2nd choice of Enrichment Session:***

 **MORNING OPTION:** TUES/WED/THU/FRI 8:45 AM-12: 00 PM

*3 day option* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *4 day option*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFTERNOON OPTION:** TUES/WED/THU 11:30 AM-2:30 PM

*3 day option \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

I understand that if I enroll my child in the Preschool, I must abide by the payment schedule listed on the Information Sheet.

 Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_