

**TWO YEAR OLD PROGRAM**

**INFORMATION SHEET**

**2019-2020**

Chatham Methodist Preschool

460 Main Street

Chatham, NJ 07928

973-635-5261

Amy Crandall, Director

**CLASS OFFERINGS**:

**MON/ WED/FRI 8:45 - 11:15 AM**

* **Tuition rate: 3 day class: $3215 per year**

1. A $250 non-refundable deposit is required by February 1, 2019 in order to secure your child’s enrollment. This payment will be deducted from the December tuition bill.
2. Tuition payments are billed in the months of May, September, and December.

**PROGRAM HIGHLIGHTS:**

* Develop a sense of security and a feeling of success away from home
* **Creative Curriculum**® is a comprehensive, research-based **curriculum** that features exploration and discovery as a way of learning, enabling children to develop confidence, **creativity**, and lifelong critical thinking skills
* Develop self-expression and develop self-control
* Experiential learning…..have fun, learn by doing!
* Nurturing Class Size – maximum of 18 students with 4 teachers
* Outdoor classroom and sensory garden to foster exploration of nature
* After Class Activities – 30 minute classes such as soccer and yoga

**REGISTRATION PROCEDURE**

**PRIORITY REGISTRATION BEGINS ON DECEMBER 1, 2018. Alumni families and church members may register in December. Applications should be mailed to the Preschool Registrar or may be dropped off at the Preschool. Confirmation will be ongoing with deposits due by February 1st.**

**OPEN REGISTRATION BEGINS ON JANUARY 1, 2019. Applications should be mailed to the Preschool Registrar**

**or dropped off at the Preschool. Confirmation will be ongoing with deposits due by February 1st.**

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 Preschool Registrar Jamie Segarra 914-519-8586 or [jamie.segarra@gmail.com](mailto:jamie.segarra@gmail.com).
4. We welcome visits. Please call the director, Amy Crandall, at 973-635-5261 to schedule.

**TWO YEAR OLD REGISTRATION FORM**

CMP Alumni Family  CUMC Member 

***Priority Registration*** *applications may be submitted after* ***December 1, 2018.******Open Registration*** *begins* ***January 1, 2019.*** *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)

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

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Siblings: (Names, Birth Dates)

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

**REGISTRATION FOR TWO YEAR OLD PROGRAM** (**Must be 2 by 10/1/19**)

MON/WED/FRI 8:45-11:15 AM

*3 days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_