



Chatham Methodist Preschool
460 Main Street
Chatham, NJ 07928
973-635-5261
Amy Crandall, Director

TWO -YEAR-OLD PROGRAM INFORMATION SHEET 2021-2022

CLASS OFFERING:

MONDAY/WEDNESDAY/FRIDAY 8:45 AM-11:45 AM

Tuition: \$3,800 per year

REGISTRATION PROCEDURE:

- PRIORITY REGISTRATION BEGINS ON DECEMBER 1, 2020. Alumni families and church members may register at this time.
- OPEN REGISTRATION BEGINS ON JANUARY 1, 2021.

Thank you for applying to Chatham Methodist Preschool! A \$65 non-refundable application fee is due with completed registration forms. All paperwork and payment may be dropped-off at the school, or should be mailed to the Director at:

Chatham Methodist Preschool
ATTN: Amy Crandall
460 Main Street
Chatham, NJ 7928

CONFIRMATION PROCESS:

- Class rosters are filled on a first-come first-serve basis.
- A completed application does not guarantee placement.
- You will be notified no later than January 27, 2021 as to whether your child has been enrolled in the class selected, or has been placed on the waiting-list.
- A \$250 non-refundable deposit is required in order to reserve your child's spot by February 1, 2021. This payment will be deducted from your tuition bill.
- Class schedules are subject to change.

PAYMENT:

- Please make checks payable to: Chatham Methodist Preschool, or CMP.
- Tuition payments are billed in the months of May, September, and December 2021 and are due within 15 days of receipt.

Please contact our Director, Amy Crandall, with any questions. She may be reached at 973-563-8301 or via e-mail at director@chathampreschool.org.

TWO-YEAR-OLD REGISTRATION FORM

CMP Alumni Family ☐

CUMC Member ☐

Please Print:

Child's Name: _____

Date of Birth: _____

Preferred name to be used in school: _____ Sex: M ☐ F ☐

Home Address: _____

Primary Phone: _____

Primary E-mail Address: _____

Secondary E-mail Address: _____

Parent's Name: _____ Phone: _____ Phone: _____
(Cell) (Business)

Place of Employment: (Company Name & complete address) _____

Parent's Name: _____ Phone: _____ Phone: _____
(Cell) (Business)

Place of Employment: (Company Name & complete address) _____

Siblings: (Names, Birth Dates)

Please list prior schools attended: _____

REGISTRATION FOR TWO-YEAR-OLD PROGRAM (Must be 2 by 10/1/21 for enrollment)

MONDAY/ WEDNESDAY/ FRIDAY 8:45 AM - 11:45 AM ☐

I understand that enrolling my child at CMP means that I abide by the payment schedule listed above.

Parent's Signature _____
(Date)