

**FOUR/FIVE YEAR OLD PROGRAM**

**INFORMATION SHEET**

**2020-2021**

Chatham Methodist Preschool

460 Main Street

Chatham, NJ 07928

973-635-5261

Amy Crandall, Director

**CLASS OFFERINGS**:

**MON/TUES/WED/THU/ FRI 8:45 -12:00 PM**

Children must be 4 years old by October 1, 2020 and toilet trained preferred.

* **Tuition rate: 5 days: $6,000 per year**

1. A $250 non-refundable deposit is required by February 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 May, September, and December 2020 and due within 15 days of receipt.

**PROGRAM HIGHLIGHTS:**

* Learn through The **Creative Curriculum**® for Preschool – 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
* Designed for children not ready to attend Kindergarten, or an older 4, rich with K readiness activities
* Develop creativity, sense of responsibility and self-reliance
* Benefit from a Nurturing Class Size – maximum of 10 students with 2 teachers
* Foster exploration of nature in our outdoor classroom and sensory garden
* 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. 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 1, 2020.**

**OPEN REGISTRATION BEGINS ON JANUARY 1, 2020. 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 the Director, Amy Crandall, at 973-563-8301 or [cmpdirector@optonline.net](mailto:cmpdirector@optonline.net).

**FOUR/FIVE YEAR OLD 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)

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 FOUR/FIVE YEAR OLD PROGRAM** (Must be 4 by 10/1/20)

MON/TUES/WED/THU 8:45 AM-12: 00 PM

*5 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_