

KINDERGARTEN ENRICHMENT INFORMATION SHEET 2022-2023

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

CLASS OFFERINGS:

• AM OPTION: MONDAY- FRIDAY 8:45 AM - 12:00 PM

Tuition: \$5,950per year

• PM OPTION: MONDAY- THURSDAY 11:30 AM-2:30 PM

Tuition: \$4,950 per year

*** LUNCH IS INCLUDED IN BOTH OPTIONS***

REGISTRATION PROCEDURE:

- PRIORITY REGISTRATION BEGINS ON DECEMBER 1, 2021. Alumni families and church members may register at this time.
- OPEN REGISTRATION BEGINS ON JANUARY 1, 2022.

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 07928

CONFIRMATION PROCESS:

- Class rosters are filled on a first-come first-serve basis.
- A completed application does not guarantee placement.
- Once the School District of the Chathams notifies families about kindergarten placements around July 1, 2022, we will follow-up to confirm your child's spot in our enrichment program. At this time a \$250 non-refundable deposit is required to reserve your child's spot. This payment will be applied to 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 July, September, and December 2022 and are due within 15 days of receipt.

Please contact our Director, Amy Crandall, with any questions. She may be reached at 973-635-5261 or via e-mail at director@chathampreschool.org.

KINDERGARTEN ENRICHMENT REGISTRATION FORM

CMP Alumni Family	CUMC Member	
Please Print: Child's Name:	Date of Birth	:
Preferred name to be used in school:	Sex:	$_{M} \square_{F} \square$
Home Address:		
Primary Phone:		
Primary E-mail Address:		
Secondary E-mail Address:		
Parent's Name: Phone:		Phone:
Place of Employment: (Company Name & complete address)		
Parent's Name: Phone:_		
Place of Employment: (Company Name & complete address)	(Cell)	(Business)
Siblings: (Names, Birth Dates)		
Please list prior schools attended:		
REGISTRATION FOR KINDERGARTEN ENRICHMENT (Must be a	ctively enrolled in	n Kindergarten)
 AM OPTION: My preference is for my child to attend CN afternoon PM OPTION: My preference is for my child to attend Ki afternoon 	_	_
I understand that enrolling my child at CMP means that I abide	e by the payment	schedule listed above.
Parent's Signature		(Date)