

# COBBLE HILL PLAYGROU PRESCHOOL APPLICATION

Applying for School Year, beginning September \_\_\_\_\_ to May \_\_\_\_\_

Child's name: \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_

Child's Sex: M \_\_\_ F \_\_\_

Parent's name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

e-mail: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

My child is a returning student: Yes \_\_\_ No \_\_\_

I have had the following other children attend CHP: \_\_\_\_\_

I would like my child to attend \_\_\_\_\_ sessions a week. (A session is a morning *or* afternoon.) In the following table, please mark your preferred sessions. We will try to accommodate if scheduling allows.

| <b>Week Day</b> | <b>Morning</b><br>9:00 to 11:45 AM | <b>Afternoon</b><br>12:30 to 3:15 PM |
|-----------------|------------------------------------|--------------------------------------|
| Monday:         |                                    |                                      |
| Tuesday:        |                                    |                                      |
| Wednesday:      |                                    |                                      |
| Thursday:       |                                    |                                      |
| Friday:         |                                    | n/a                                  |

\_\_\_\_\_ We are VERY flexible and will take AM OR PM sessions.

Enclosed is my \$500.00 application deposit to be applied to my child's tuition. This deposit is fully refundable until a space for my child is offered and I accept it by signing CHP's Letter of Intent. This Letter of Intent must be signed and returned no later than one week after the space is offered.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this application WITH a \$500 deposit to:

COBBLE HILL Playgroup, Inc.  
93 Rapelye Street  
Brooklyn, NY 11231  
[www.cobblehillplaygroup.com](http://www.cobblehillplaygroup.com)

For Official Use Only:

Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_