



Sudbury Cooperative Preschool

Engage Your Child's Development

26 Concord Road
Sudbury, MA 01776
978.443.9391
www.sudburycoop.org

2020-2021 Application for Membership

A non-refundable \$50 application fee is required for all new applicants. Additionally, a 10% tuition deposit is required at the time of enrollment, refundable until January 15, 2020. Please make checks payable to Sudbury Cooperative Preschool.

Child's Name: _____

Date of Birth: _____ **Gender:** M F

Parent(s)/Guardian(s): _____

Address: _____

Email: _____

Phone: _____

How did you hear about us? _____

Please check your preferred program and days:

We understand that each family has different needs. If none of these options work for your unique situation, please speak with our Director about customizing your child's care.

		Mornings	Morning +Lunch	All Day	Early Drop Off on These Days (please list)	Lunch on These Days (please list)	All Day on These Days (please list)
Toddler	M/W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Program:	T/Th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Mon-Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Preschool	M/W/F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Program:	T/Th/F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Mon-Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Mon-Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pre-K	Mon-Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Program:	Mon-Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

We would like to pay tuition in the following way:

In full (due July 15, 2020)

Payment plans require an annual fee. There is no fee for paying in full.

Monthly Payment Plan
(10 payments starting July 15, 2020)

Quarterly Payment Plan
(4 payments starting July 15, 2020)

If choosing a payment plan, please select from the following options:

Pay by check (\$100 annual fee)

Pay electronically (\$50 annual fee)

Office Use Only:

Received: _____ Application Fee: _____ Deposit: _____

Conditions of Membership

1. We understand that it is desirable for parents to help in the classroom five times per year. If we are not able/willing to do this, we will speak with the director to make alternate arrangements.
2. We understand that we are expected to participate in various activities as detailed in the Family Choice Program. We understand that we may select our preferred Family Choice assignment, and that final assignments will be made by the Director of Operations, based on the needs of the school.
3. We agree to participate in one school improvement day/event/committee per year.
4. We agree to keep our child out of school when he/she shows any signs of illness which might infect other children, or to our knowledge has been exposed to any communicable disease.
5. We understand that parents, children, and other care givers must comply with Massachusetts Department of Early Care and Education health regulations including, but not limited to, physical examinations and immunizations.
6. We will pay tuition by the payment due date listed on the tuition bills. We understand that this amount is subject to change by vote of the membership.
7. We agree to furnish our own transportation or make appropriate arrangements for our child/children.
8. We agree that in case of accidents or injury that may befall our child/children at preschool, we will not hold the school, its teachers, or any of its members responsible, nor the Memorial Congregational Church or its Board Members.
9. We understand that the preschool reserves the right to determine the size of, and to gender balance, classes to whatever extent feasible.
10. We understand that we are expected to attend general membership meetings.
11. We understand that the Sudbury Cooperative Preschool reserves the right to cancel any class or program due to unforeseen circumstances, including but not limited to, low enrollment or unavailability of staff.
12. We understand that if we withdraw our membership prior to the end of the school year, a prorated tuition refund will be issued only after a suitable candidate has been enrolled to fill the class vacancy.
13. We understand that the tuition deposit is non-refundable after January 15, 2020, barring extenuating circumstances.

The signatures of both parents/legal guardians are required:

Parent 1: _____ Date: _____

Parent 2: _____ Date: _____