

Chelsea Children's Cooperative Preschool 500 E Washington St Suite 408 PO Box 391 Chelsea, MI 48118 (734) 433-1938

Dear Parent (s):

Chelsea Children's Cooperative Preschool is excited to offer a 2-year-old Parent and Child Playgroup. The class is a 1-½ hour class held in the Young 5's classroom, led by Ms. Kiera Pearce.

The 2-year-old program provides families with a parent-child activity for the child who is not quite old enough to attend the traditional preschool. It also gives parents a means to connect with other parents as well as provide some "preschool experience" to both parent and child so that the transition to the 3-year-old preschool will be less intimidating. Parents and children stay for the entire class.

Children enrolling in the 2-year-old program must be 2 years old by September 1st of the school year. Two Sessions are available: an *October-January session* on *Friday mornings* from *9:15-10:45 a.m.* and a *January-April session* on *Friday mornings* from *9:15-10:45 a.m.* The cost is \$80.00 for each 12-week session. Families enrolling multiple children in the 2's program are eligible for a \$10 discount per additional sibling per 12-week session.

Along with this letter you will find an application. If you are interested in joining this program, please mail or deliver the completed and signed application along with a \$20.00 deposit, per 12-week session, to the Membership Chairperson as soon as possible. Your \$20.00 deposit is non-refundable and will be applied towards your \$80 tuition. The remaining tuition is due before the session begins.

We accept members on a first come, first serve basis. If a session is full, your child can be placed on a waiting list for the first available opening. Participating in the 2-year-old program will provide you priority enrollment for the Fall 2017 school year.

Thank you for your interest in the Chelsea Children's Cooperative Preschool. If you have any questions or concerns, please feel free to give me a call.

Sincerely,

Amanda MacDonald

Membership Chairperson

membership@chelseacoop.org

14164 Fairway Dr Chelsea, MI 48118 Phone: (734) 433-9384



Two Year Old Program

Application

		/
Child's Name (and nickname if use	d) sex	Date of Birth
Parent (s) or Guardian (s)	Home Phon	e Cell Phone (s)
Home Address	City	Zip Code
Father's or Guardian's Place of Em	Work Phone	
Mother's or Guardian's Place of Er	Work Phone	
E-mail Address		
– Sibling's Names and Ages		
– How did you hear about the Co-op	?	
- 2 Voor Old Brogrom must be 3 a	n ou hofous Sout O1 to sout II	and navante much stay for the class
2 rear Old Program – must be 2 o	ii or perore sept of to enroll	and parents much stay for the class
OctJan. Session		
	Fri. 9:15a.m10:45 a.m.	\$80 for 12 week session*

Fri. 9:15 a.m.-10:45 a.m.

\$80 for 12 week session*

Request Enrollment in Session

Jan.-April Session

Enrollment is served on a first come, first serve basis. If your preference is unavailable, your child can be placed on a waiting list. Please provide a \$20 non-refundable deposit (will apply towards your

^{*} Families enrolling multiple children in the 2's program are eligible for a \$10 discount per family per 12-week session.

Health Alert: Does your child have any knoor emotional needs the teacher should knoor	own health problems or restrictions? Any allergies, physical ow about? If yes, please explain:
Special Resources: Do you have Co-op? Any cultural interests?	ve work experience/hobbies that you could share with the
Do you have access to other resources (co share? Do you have any special training or	mputer, copier) or other materials you may be able to hold any college degrees?
— Parent/Guardian Staffing Statement: In Co	ompliance with Act No. 116, P.A. 1973 of the Administrative
Rules regulating the operation of a Child C	are Organization, mandated by the Michigan Department of ating, Inc. requires you to read and certify the following
having direct contact with children	abers of Chelsea Children's Cooperative Preschool, Inc. have never been convicted of an offense greater than a ver been accused or convicted of molestation or abuse of
Mother's (Guardian) Signature & Date *E	Father's (Guardian) Signature & Date Soth parents must sign
have confidentially shared this info	ove statement for any reason, I/we hereby certify that I/we ormation with the President of the Chelsea Children's the the Family Independence Agency Licensing Division.
Mother's (Guardian) Signature & Date	Father's (Guardian) Signature & Date

session tuition) to secure your spot in our program. If we do not enroll six children, we will cancel the

program and refund your deposit.

Please return form and \$20 deposit to:

Amanda MacDonald
Membership Chairperson
membership@chelseacoop.org

14164 Fairway Dr Chelsea, MI 48118 Phone: (734) 433-9384

Chelsea Children's Cooperative Preschool, Inc. admits students of any race, color, sex, national or ethnic origin or religion.

Chelsea Children's Cooperative Preschool, Inc. is a non-profit organization.