

Northpoint Cooperative Preschool

2010-2011 Registration Form

Registration dates for March 2010:

Current members- March 1st

Alumni- March 4th (this includes the onsite Bates infant/toddler program)

Public- March 8th

This form is also available on our website at Northpointcoop.org

Ages	Class	Days	Time	Teacher	Cost/month – subject to change
4, 5	Pre-K	MWTh	12:30-3:15 PM	Ms. Rona	\$ 107
3, 4, 5	Mixed Age	MWTh	9:15-11:45 AM	Ms. Rona	\$ 102
3	3's	TF	9:15-11:45 AM	Ms. Rona	\$82
2	2's	MW	9:30-11:15 AM	Ms. Melissa	\$65
2	2's	TTh	9:30-11:15 AM	Ms. Melissa	\$65
2 ½-3	2 ½-3's	MW	12:00-2:00 PM	Ms. Melissa	\$70

Your child must meet the minimum age requirement for class by 8/31/10. For the 2 ½ -3's class children must turn two by 3/1/10.

A minimum of 7 children must be registered in a class or the co-op reserves the right to cancel that class.

Infants up to 6 months are allowed *only* in front packs and *only* in 2's and 2 ½-3's classes, so please plan accordingly if you are registering for Ms. Rona's class.

Class placements are made on a first come, first serve basis for current members in good standing (those who are current on tuition payments and have at least 4 Parent Ed credits by registration time). We make every effort to honor requests, but first choices are NOT guaranteed.

Notification of class placement will be given before the end of March.

The Nondiscriminatory Policy of Cooperative Preschools Affiliated with Bates Technical College: Our preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities at our school. We do not discriminate on the basis of race, color, national and ethnic origin in the admission of our educational

Policies, scholarship, and other school administered programs

Please include a non-refundable check payable to Northpoint Cooperative Preschool in the amount of \$50 for 1 child (or \$60 for 2 or more children) to hold your child's spot. Without a fee, we are not able to reserve a spot.

Check one please: Current Member Alumni Public

Child's Name: _____

Parents' Names: _____

Address: _____

Phone: _____

E-mail: _____

Child's Birth Date: _____

(Month, day, year)

1st Class Choice: _____

2nd Class Choice: _____

For Membership Use Only:

Date: _____ Time: _____ Check# _____ Amount: _____ Comment: _____

Please contact Membership Chair Kelly Penswick with questions at 253.350.8548 or KellyV75@yahoo.com