



# Chancellor Street Preschool Co-operative

P.O. Box 3238  
Charlottesville, VA 22903  
434 - 296 - 6444

## Application for New Student Enrollment – 2010–11

Date received \_\_\_\_\_

(for office use only)

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Cell Phone: Parent 1 \_\_\_\_\_ Parent 2: \_\_\_\_\_

Circle days you prefer: Mon. Tue. Wed. Thurs. Fri. (minimum of 3)

Number of days requested: \_\_\_\_\_ Are you flexible? Yes \_\_\_ No \_\_\_

Parent 1's Name: \_\_\_\_\_ Parent 2's Name: \_\_\_\_\_

Parent 1's Occupation: \_\_\_\_\_ Parent 2's Occupation: \_\_\_\_\_

Siblings (first name/birthdate) \_\_\_\_\_

What special needs (emotional, physical) does your child have? \_\_\_\_\_

\_\_\_\_\_

Has your child had previous school or similar experience with other children? \_\_\_\_\_

What activities and interests does your child enjoy? \_\_\_\_\_

What resources in your family or circle of friends might be useful to enrich our school? We are interested in your special talents, skills, cultural background, etc. \_\_\_\_\_

\_\_\_\_\_

Would you like a scholarship form? Yes \_\_\_\_\_ No \_\_\_\_\_

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Please return the completed application form and return it with the \$10.00 application fee, this fee is **non-refundable**.

If you are offered and accept a space you will be responsible for an additional, non-refundable \$25.00 registration fee as well as a one month tuition in advance. This tuition fee is also non-refundable, and will be credited as the tuition fee for May 2011.

Mail to: Registrar, Chancellor Street Preschool Cooperative  
P.O. Box 3238  
Charlottesville, VA 22903

Note: Completing this application does not guarantee your child a space in CSPC.