

LINCOLN COOPERATIVE PRESCHOOL
APPLICATION FOR ENROLLMENT 2020-2021

Child/Children's name: _____

Child/Children's Home Address: _____

Age(s): _____ Birthdate(s): _____

New or Returning Student *(please circle one)*

Parent (or Guardian) Name: _____

Phone 1: _____ Phone 2: _____

Email address: _____

Parent (or Guardian) Name: _____

Phone 1: _____ Phone 2: _____

Email address: _____

The Lincoln Cooperative Preschool Enrollment Committee will make every effort to give families their first choices for enrollment whenever possible. If there are conflicts among applications, we will give priority to those families meeting the following criteria, as applicable (in order of importance):

- i) Favorable past parental participation in school membership responsibilities;
- ii) Lincoln resident;
- iii) Sibling attended preschool previously;
- iv) Past record of paying tuition in a timely manner without reminders;
- v) Other special circumstances will be considered if brought to our attention.

Please list the days/sessions you would like your child to attend for 2020-21 school year in order of priority. Every effort will be taken to accommodate your preferences. Please note that there is state funding for up to the first 3 sessions for students that are three years old by the September 1st cut off date (each session is a half day). Sessions are offered Monday-Friday, Morning (8-11:30), Afternoon (11:30-3), or Full Day (counts as two sessions for tuition). We prefer parents choose full days or mornings for half days, but afternoons only may be an option. A few children have attended for 2 days a week from 8 a.m. to 1 p.m. to qualify for the 10 hours of public funding and still get in their afternoon nap, that is another option. The majority of enrolled children attend for full days. Often children enrolled for 2 days a week attend M/W or T/Th. We are completely flexible on the days you choose, but we do try to get most children coming on a Wednesday or Thursday for planning special event

days like parties and pajama day.

(Example: 1. Monday – Full day; 2. Tuesday – Mornings; 3. Wednesday- Full day...)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

****If you have more than one child you hope to place at LCP who you would prefer attend on different schedules, please note clearly your requests per child.***

Other information the committee should know, to assist in decision making:

I understand that the **deadline** for returning this application to the Preschool is **March 11, 2020**. If I do not meet this deadline, my chances of receiving my first choice for enrollment will decrease as available slots fill up. After March 11th we have open enrollment until all spots are filled.

Signed _____

Date _____

Print Name _____