



Parent Co-Op for Early Learning

773-684-6363

Parent Cooperative for Early Learning, Inc.

5300 South Shore Drive Chicago, Illinois 60615
(773) 684-6363

APPLICATION, ENROLLMENT, AND RELEASE

Application may be made at any time of the year and consists of completing a one-page information form and paying a \$100.00 application fee. If the family has not already visited the program, parents are encouraged to do so between 9:00 and 12:00 or between 3:30 and 5:30. If the enrolling child accompanies the parents on this visit, the child is understood to be under the parent's direct supervision.

Enrollment will be offered when there is an opening available, but primarily on July 1 for the summer session or September 1 for the 10-month school year.

Enrollment is accomplished by:

- Summary of Licensing Standard for Day Care Centers.
- Completing an enrollment agreement (contract) and paying a one-time \$300.00 registration fee.
- Providing an original birth certificate that will be photocopied and returned, the photocopy will be kept in the child's file.
- A physical exam including a health history, immunization record, lead level result, and TB test result, signed by the child's doctor, must be on file when the child starts attending. In case of known allergies, the child's doctor should provide a statement identifying the allergies and any interventions which may be needed during the school day.
- Completing a general information form that includes a developmental history, information about the child's interests, family discipline, list of persons authorized to pick up the child, and the granting of various permissions.

The above are part of the admission packet to be completed by parents prior to a child's attendance at the Parent Coop. Parents or guardians are responsible for maintaining current information at the school, especially emergency contact phone numbers.

Release from the contract is permitted at the completion of a contract period. Please refer to the contract *Summary of Terms and Conditions* for additional information.



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5300 South Shore Drive
Chicago, IL 60615
(773) 684-6363; (773) 752-6318

Wait List # _____

Classroom _____

Enrollment Application

Name of parent(s) or guardians(s) _____

Name of child(ren) _____ Birthdate _____

_____ Birthdate _____

Mother's/Guardian's Home address _____ Zip code _____

Mother's/Guardian's Phone: Home _____ Work _____

Mother's/Guardian's Email address _____

Father's/Guardian's Home address _____ Zip code _____

Father's/Guardian's Phone: Home _____ Work _____

Father's/Guardian's Email address _____

When do you wish to enroll your child(ren)? _____

A NON-REFUNDABLE FEE OF \$100.00 PAYABLE WITH APPLICATION

A \$300.00 non-refundable registration fee will be required to secure a space.

For office use only

Application Fee

Registration Fee

Date received _____

Date Received _____

Check number _____

Check number _____