



# PEOPLEPLACE

COOPERATIVE PRESCHOOL  
Box 644 - Camden, Maine 04843

207 236-4225

## 2010-2011 PROGRAM AND TUITION SCHEDULE

**TODDLERS -** FOR CHILDREN 1 1/2 TO 3 YEARS  
CLASS SIZE IS LIMITED TO 10 CHILDREN  
TWO TEACHERS (PLUS ONE PARENT HELPER IN THE CLASSROOM)

**UPSTAIRS -** FOR CHILDREN 3 TO 5 YEARS  
CLASS SIZE IS LIMITED TO 20 CHILDREN  
THREE TEACHERS (PLUS ONE PARENT HELPER IN THE CLASSROOM)

		MON - FRI	MON/ TUE/THUR	WED/FRI
MORNING	8:30 TO 12:00	\$ 4,900	\$ 3,150	\$ 2,210
EARLY AFTERNOON	12:00 TO 3:00			
	ADD 5 EARLY AFTERNOONS	\$ 2,700	\$ 2,760	\$ 2,830
	ADD 4 EARLY AFTERNOONS	\$ 2,210	\$ 2,260	\$ 2,310
	ADD 3 EARLY AFTERNOONS	\$ 1,700	\$ 1,730	\$ 1,770
	ADD 2 EARLY AFTERNOONS	\$ 1,150	\$ 1,180	\$ 1,210
	ADD 1 EARLY AFTERNOON	\$ 590	\$ 600	\$ 620
EXTENDED AFTERNOON	12:00 TO 5:30			
	ADD 5 EXTENDED AFTERNOONS	\$ 4,800	\$ 4,910	\$ 5,040
	ADD 4 EXTENDED AFTERNOONS	\$ 3,920	\$ 4,010	\$ 4,130
	ADD 3 EXTENDED AFTERNOONS	\$ 3,010	\$ 3,080	\$ 3,170
	ADD 2 EXTENDED AFTERNOONS	\$ 2,050	\$ 2,100	\$ 2,170
	ADD 1 EXTENDED AFTERNOON	\$ 1,050	\$ 1,070	\$ 1,100

ANNUAL TUITION MAY BE PAID IN 10 EQUAL PAYMENTS AND DUE JULY 1<sup>ST</sup> THRU APRIL 1<sup>ST</sup>.  
5% PRE-PAYMENT DISCOUNT IF PAID IN FULL BY AUGUST 1<sup>ST</sup>, 2010  
**TUITION ASSISTANCE IS AVAILABLE.**

**AFTERNOON CARE:** AFTERNOON ONLY OPTIONS ARE AVAILABLE.  
A "DROP IN" HOURLY RATE, OUTSIDE OF CONTRACTED HOURS, IS \$7.25.

**EARLY DROP OFF:** BEGINNING AT 7:45, YOUR CHILD IS WELCOME FOR A \$5.00 CHARGE.  
(EARLY DROP OFF FEE IS WAIVED FOR "EXTENDED AFTERNOON" CHILDREN ON THEIR EXTENDED DAYS)

**NON-REFUNDABLE REGISTRATION FEE:** RETURNING CHILD - \$45  
NEW CHILD - \$90

(REGISTRATION FEE SECURES ENROLLMENT, PLEASE INCLUDE WITH REGISTRATION FORM)



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## REGISTRATION FORM 2010-2011 SCHOOL YEAR

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ EMPLOYED BY (INCLUDE ADDRESS): \_\_\_\_\_

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

MOTHER'S TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMPLOYED BY (INCLUDE ADDRESS): \_\_\_\_\_

FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

FATHER'S TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL ADDRESS(ES) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAMES OF PERSONS PERMITTED TO REMOVE CHILD FROM PEOPLEPLACE:

\_\_\_\_\_  
\_\_\_\_\_

*(PEOPLEPLACE **MUST** BE NOTIFIED BY THE PARENT WHEN REGULAR TRANSPORTATION OR PICK-UP METHODS VARY.)*

### MORNING PROGRAM

TODDLER:  MONDAY THRU FRIDAY  MON/TUES/THURS  WEDS/FRI

UPSTAIRS:  MONDAY THRU FRIDAY  MON/TUES/THURS  WEDS/FRI

EXTENDED DAY UNTIL 3 PM: MON TUE WED THUR FRI

EXTENDED DAY UNTIL 5:30 PM: MON TUE WED THUR FRI

EARLY DROP OFF:  
(AVAILABLE FROM 7:45) MON TUE WED THUR FRI

*(CONTINUED ON BACK)*

**MEDICAL INFORMATION:**

CHILD'S DOCTOR \_\_\_\_\_  
DOCTOR'S ADDRESS & TELEPHONE \_\_\_\_\_  
DATE OF LAST PHYSICAL \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_  
DENTIST'S ADDRESS & TELEPHONE \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

PEOPLEPLACE PERSONNEL WILL ATTEMPT TO REACH YOU SHOULD YOUR CHILD REQUIRE MEDICAL ATTENTION. HOWEVER, IF WE ARE UNABLE TO DO SO, WE WILL TAKE STEPS TO MEET HEALTH OR MEDICAL EMERGENCIES IN CASES WHERE THERE IS A DELAY IN REACHING PARENTS OR THE FAMILY PHYSICIAN (REFER TO THE PARENT HANDBOOK FOR THE PEOPLEPLACE EMERGENCY POLICY).  
*PEOPLEPLACE MUST BE PROVIDED A COPY OF YOUR CHILD'S CERTIFICATE OF IMMUNIZATION (OR A LETTER STATING THAT YOU DO NOT IMMUNIZE YOUR CHILD) AND A RECORD OF AN ANNUAL PHYSICAL.*

ARE THERE ANY ALLERGIES, MEDICAL PROBLEMS OR SPECIAL NEEDS? IF SO, PLEASE PROVIDE US WITH INDIVIDUAL CARE PLANS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TUITION AGREEMENT**

I AGREE TO PAY PEOPLEPLACE THE SUM OF \$\_\_\_\_\_ FOR THE SCHOOL YEAR, AS WELL AS ANY ADDITIONAL CHARGES FOR AFTERCARE. I UNDERSTAND THAT IF I OPT TO PAY IN 10 INSTALLMENTS, PAYMENT IS DUE WITHOUT NOTICE ON THE 1<sup>ST</sup> OF EACH MONTH BEGINNING IN JULY AND ENDING IN APRIL. (FOR ADDITIONAL INFORMATION REGARDING TUITION AND FEES PLEASE REFER TO THE PARENT HANDBOOK.)

**EVALUATION PERIOD**

THE FIRST SIX WEEKS OF A CHILD'S ATTENDANCE AT PEOPLEPLACE SHALL BE CONSIDERED A PERIOD OF EVALUATION TO DETERMINE THAT THE PROGRAM IS APPROPRIATE FOR THE NEEDS OF THE CHILD. IT IS IMPORTANT THAT BOTH THE FAMILY AND PEOPLEPLACE FEEL CONFIDENT ABOUT THE PLACEMENT OF THE CHILD IN THE PROGRAM. AT ANY TIME DURING THESE SIX WEEKS, EITHER THE FAMILY OR PEOPLEPLACE CAN DETERMINE THAT THE PROGRAM IS INAPPROPRIATE AND TERMINATE THE ENROLLMENT.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: REGISTRATION FEE MUST BE PAID AT TIME OF REGISTRATION.**

<p><b>FOR PEOPLEPLACE OFFICE</b> DATE ENROLLED _____ DATE DISCHARGED _____ REGISTRATION PAID _____  OTHER NOTES:</p>
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## 2010-2011 PERMISSION SLIP

CHILD'S NAME: \_\_\_\_\_

### FIELD TRIP PERMISSION

I GIVE PERMISSION FOR MY CHILD TO GO ON FIELD TRIPS WHICH INVOLVE WALKING TO THE DESTINATION, UNDER THE SUPERVISION OF PEOPLEPLACE STAFF. I UNDERSTAND THAT I WILL ALWAYS HAVE PRIOR NOTICE OF FIELD TRIPS.

PERMISSION GIVEN: \_\_\_\_\_ PERMISSION REFUSED: \_\_\_\_\_ (INITIAL)

### PHOTOGRAPHY PERMISSION

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED BY PEOPLEPLACE TEACHERS, OR THOSE DESIGNATED BY PEOPLEPLACE, TO BE USED FOR EDUCATION OR MARKETING PURPOSES (I.E. CLASSROOM DISPLAY, NEWSPAPER ARTICLES, AND/OR NEWSLETTERS).

PERMISSION GIVEN: \_\_\_\_\_ PERMISSION REFUSED: \_\_\_\_\_ (INITIAL)

### SUNSCREEN PERMISSION

I GIVE PERMISSION FOR THE PEOPLEPLACE STAFF TO APPLY SUNSCREEN TO MY CHILD.

PERMISSION GIVEN: \_\_\_\_\_ PERMISSION REFUSED: \_\_\_\_\_ (INITIAL)

### BUG REPELLENT PERMISSION

I GIVE PERMISSION FOR THE PEOPLEPLACE STAFF TO APPLY BUG REPELLENT TO MY CHILD.

PERMISSION GIVEN: \_\_\_\_\_ PERMISSION REFUSED: \_\_\_\_\_ (INITIAL)

### HEALTH INFORMATION PERMISSION

I GIVE PERMISSION FOR THE PEOPLEPLACE STAFF TO HAVE ACCESS TO MY CHILD'S HEALTH INFORMATION WHICH I PROVIDED FOR HIS/HER FILE.

PERMISSION GIVEN: \_\_\_\_\_ PERMISSION REFUSED: \_\_\_\_\_ (INITIAL)

PLEASE SEND MY MONTHLY STATEMENTS TO THE FOLLOWING EMAIL ADDRESS:

\_\_\_\_\_

I DO **NOT** WANT TO RECEIVE MY MONTHLY STATEMENTS BY EMAIL. PLEASE CONTINUE TO SEND THEM THROUGH THE POST OFFICE.

### SPECIAL INSTRUCTIONS:

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SIGNED \_\_\_\_\_

DATE \_\_\_\_\_



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## 2010-2011 POSTED ALLERGY LIST PERMISSION SLIP

I GIVE PERMISSION FOR MY CHILD'S NAME AND ALLERGIES TO BE POSTED IN THE KITCHEN, ON THE FIRST AID CUPBOARD, AND IN MY CHILD'S CLASSROOM. THIS INFORMATION IS BEING MADE AVAILABLE TO ALERT PEOPLEPLACE STAFF AND OTHER PARENTS OF MY CHILD'S ALLERGIES.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_



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## 2010-11 APPLICATION FOR SCHOLARSHIP

NAME OF CHILD: \_\_\_\_\_  
PARENT'S NAME: \_\_\_\_\_  
PARENT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE INCLUDE A COPY OF FEDERAL TAX RETURNS (1040) FOR THE PREVIOUS YEAR. ALL INFORMATION PROVIDED WILL BE HANDLED IN A STRICTLY CONFIDENTIAL MANNER.

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### PROGRAM CHILD IS ENROLLED IN:

TODDLER:  MONDAY THRU FRIDAY  MON/TUES/THURS  WEDS/FRI  
UPSTAIRS:  MONDAY THRU FRIDAY  MON/TUES/THURS  WEDS/FRI

EXTENDED DAY UNTIL 3 PM: MON TUE (PLEASE CIRCLE) WED THUR FRI  
EXTENDED DAY UNTIL 5:30 PM: MON TUE WED THUR FRI

NUMBER OF MEMBERS IN THE HOUSEHOLD: \_\_\_\_\_  
ADJUSTED GROSS INCOME: \_\_\_\_\_  
(PLEASE ADD IN ANY ADDITIONAL INFORMATION NOT AVAILABLE FROM LINE 16 ON YOUR ATTACHED 1040)

MONTHS WHICH ASSISTANCE IS NEEDED: \_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_

