

APPLICATION FORM

Child's Full Name: _____ Age (as of Sept 1, 2017) : _____

Child's Gender: _____ Birthday: _____ Nickname _____
Month / Day / Year

Father's Name: _____ Mother's Name: _____

Child's Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Dad Cell _____ Mom Cell _____

Dad's Email: _____ Mom's Email _____

Please list any allergies your child may have (food, medicine, etc.) _____

Preschool Session (Please check the appropriate session):

- _____ 3 Year Old Program - Tuesday/Thursday 9:30 am – 11:30 am
(Child MUST be 3 by Sept. 1, 2017)
- _____ 4 Year Old Program - Mon/Wed/Friday 9:30 am – 12:30 pm
(Child MUST be 4 by Sept. 1, 2017)

2017 / 2018 Tuition Rates	
\$75 - 3 yr Co-op	\$115 - 4 yr Co-op
\$95 - 3 yr Partial	\$135 - 4 yr Partial
\$125 - 3 yr Non	\$165 - 4 yr Non

Membership Level Preferred: (please check one below)

_____ Full Co-op Member _____ Partial Co-op Member (Job/Class) _____ Non Co-op Member

Do you have younger children at home who may possibly be attending APCP in future years? Yes / No

If yes, please list their names, ages & DOB _____

How did you hear about Academic Pathways? _____

Have parents had previous experience with a co-op preschool? _____ Y _____ N

We, the parent or guardians of the above named child, agree to comply with all rules & conditions of Academic Pathways Cooperative Preschool. We understand that the \$50.00 (3 year) or \$60.00 (4 year) application fee is non-refundable and that placement of the above child is not secure until the application fee has been paid. Parent / Guardian Initials: _____

**PLEASE RETURN THIS FORM & THE SIGNED ARTICLES OF AGREEMENT
 ALONG WITH A \$50.00 (3 year) OR \$60.00 (4 year) NON-REFUNDABLE REGISTRATION FEE TO:**

**Academic Pathways Co-op Preschool
 Attn: Enrollment
 30330 Schoolcraft Road
 Livonia, MI 48150
 (734) 261-9540**

*Make checks/money orders payable to:
 Academic Pathways Cooperative Preschool
 (No cash accepted)*

**** Academic Pathways does not discriminate on the basis of race, religion, gender, color, nationality or ethnic origin. ****

For School Use Only: Date _____ Student Registration # _____ Waitlist # _____ Check # _____

ACADEMIC PATHWAYS COOPERATIVE PRESCHOOL

ARTICLES OF AGREEMENT

1. The members are governed by the policies and regulations set forth by the Constitution and By Laws. I will read the Academic Pathways Cooperative Preschool Constitution, Bylaws, Handbook and Emergency Procedures
2. A \$50 (3 year) or \$60 (4 year) Registration fee shall be paid upon turning in application. This fee is non-refundable.
3. Tuition shall be paid in nine monthly installments due the 1st of the month and must be paid to retain enrollment. This is payable by check or money order made out to Academic Pathways Cooperative Preschool and cashed by the Assistant Treasurer. Payments are also accepted by credit card through our website (www.academicpathwayspreschool.com) Tuition will be considered late after the 7th and fines will be levied according to the by-laws. PARENT/GUARDIAN INITIALS: _____
4. A licensed physician must fill out a Health Form, including complete immunization record, and the Child Information Card must be returned to the Preschool before the child attends school.
5. All assisting persons are required to have a confidential report from the Department of Family Services, and an ICHAT record on file with the President.
6. Each co-op parent (or partial who chooses to work) is required to assist in the Preschool classroom. For co-op and partial working parents, the number of work sessions is based on enrollment but is approximately 2 - 3 times per month. If you fail to arrive on time (15 minutes prior to class start) or fail to stay for the entire class and clean-up time, you will be fined according to the by-laws. PARENT/GUARDIAN INITIALS: _____
7. Each family is responsible to provide individual snacks/lunches for their child(ren) each day. There will not be a community snack provided with the exception of birthday celebrations. PARENT/GUARDIAN INITIALS: _____
8. All parents are required to attend the Fall Orientation session. Orientation Sessions are for ADULTS ONLY.
9. Members are required to attend ALL adult only General Membership Meetings and any Committee meetings. If you are unable to attend you must notify a Board Member. A fine will be levied according to the by-laws.
10. Members are required to pay a \$150.00 fundraising fee per family for the entire school year (9 months). This is MANDATORY. The fundraising fee will be pro-rated (\$16.67 per month) for members that leave early or start later than the entire 9 month school year. PARENT/GUARDIAN INITIALS: _____
11. Members may participate in fundraisers to reach their required \$150 fundraising amount. Any fundraising money earned above the \$150 will be split 50/50 with the preschool and applied as a tuition credit (up to total annual tuition amount). Late fees will be applied if fundraising installments are not paid (or earned) by the due dates outlined in the by-laws. Upon withdrawal from the preschool, any fundraising overages will be used to pay any outstanding fees to the school and then the remaining overage will be considered fundraised money for the preschool. PARENT/GUARDIAN INITIALS: _____
12. All co-op parents are required to hold a job and fulfill all of the responsibilities of their job as stipulated in the Constitution and the applicable job description. The same rule applies to partial co-op parents, who choose to hold a job instead of working in the classroom. If more than one child is enrolled in the Preschool, only one job need be satisfied. PARENT/GUARDIAN INITIALS: _____
13. Members are expected to arrange their own transportation. Car pools may develop as the group organizes, but the Preschool shall not be held legally responsible.
14. The preschool shall observe the same vacations as the Livonia School District but has the right to make necessary adjustments. The opening session in September as well as the closing session in May shall be set annually. The President and the Teacher, together, may cancel a preschool session when they deem it advisable.
15. Enrollment at the Preschool shall be for the entire school year (9 months). If a child must withdraw from the school, a two week notice must be given to the appropriate Board Member (see the by-laws) and all financial obligations must be paid prior to withdrawal.
16. In the event that a class does not meet the minimum enrollment, the preschool reserves the right to cancel that class.
17. Group insurance on children, assisting parents and the hired Teacher is carried by the Preschool. This will pay up to \$5000 in case of injury or death. Children and parents are not covered during alternate classroom activities (fieldtrips). Should an adult other than the parent be assisting at a preschool session, that person must sign an insurance waiver that will be kept on file at the school. The preschool also carries a group property and bodily injury insurance policy.

I have read and agree to abide by the aforementioned statements.

Child's Name – Printed

Parent/Guardian Signature

Date