

ACCP  
Registration Intent Form

Parent/Guardian \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

I/we intend to enroll our child in the following program(s):

\_\_\_\_\_ 2 Year Old Mommy & Me – Tuesday 9:00-10:30

\_\_\_\_\_ 3 Year Old Program\*\* - Monday & Wednesday 9:00-11:30

\_\_\_\_\_ 4 Year Old Program\*\* - Monday, Wednesday, Friday 9:00-11:30

\_\_\_\_\_ Enrichment 4's & 5's - Monday 11:30-2:00

\_\_\_\_\_ Enrichment 4's & 5's - Wednesday 11:30-2:00

\_\_\_\_\_ 2 Year Old Program\*\* – Thursday 10:30-12:00

A \$50.00 non-refundable registration fee is required for these (\*\*) programs and non co-op members enrolled in the Enrichment programs. Please make checks payable to ACCP.

Check # \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

As a member of the Co-op, I agree to

1. Attend General Business meetings (as dictated by DYFS)
2. Fulfill my duties in the classroom when scheduled by:
  - a. Arriving 10 minutes early to prepare with the teacher
  - b. Providing snack for all children
  - c. Remaining after class to clean up
3. Serve on a committee
4. Pay tuition as designated in a timely manner

The Registrar will mail a registration packet to you, along with medical forms. All **COMPLETED FORMS** should be returned to the Registrar by the date indicated in your packet.

By submitting this form with your registration fee, you are entitled to a spot in next year's program unless insufficient enrollment occurs, causing us to cancel the class, in which case your registration fee will be returned. **We cannot guarantee your spot unless this form is returned and your registration fee paid. Please forward to the registrar, Michele Mazakas, 206 Heritage Drive, Columbus, NJ 08022.**

I intend to enroll my child in ACCP for the 2006-2007 school year.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date