



2021 - 2022

ENROLLMENT APPLICATION

PLEASE SELECT AN ENROLLMENT PLAN FROM THE OPTIONS BELOW. KINDLY CIRCLE DAYS OF CARE NEEDED FOR PART TIME PLANS. FAMILIES WITH CHILDREN WHO ATTEND 5 DAYS PER WEEK WILL RECEIVE A SIBLING DISCOUNT OF 5% OFF THE SECOND CHILD'S TUITION.

| | | |
|--|-------------|------------------------|
| <input type="checkbox"/> 5 days per week | \$480/month | 2 children=\$936/month |
| <input type="checkbox"/> 4 days per week | \$445/month | M T W Th F |
| <input type="checkbox"/> 3 days per week | \$390/month | M T W Th F |
| <input type="checkbox"/> 2 days per week | \$335/month | M T W Th F |

CHILD'S FULL NAME _____ CHILD IS CALLED _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ___ / ___ / ___ GENDER _____ GRADE IN AUGUST 2021 _____

PARENT/GUARDIAN NAME _____

ADDRESS (if different from child) _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

OCCUPATION/EMPLOYER _____

EMAIL _____

PARENT/GUARDIAN NAME _____

ADDRESS (if different from above) _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

OCCUPATION/EMPLOYER _____

EMAIL _____

OTHER CHILDREN IN FAMILY:

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

PLEASE MARK ALL THAT APPLY:

- CHILD IS CURRENTLY ENROLLED
- SIBLING ATTENDED CCPC ASP
- MEMBER OF CHEVY CHASE PRESBYTERIAN CHURCH
- PARENT IS AN ALUMNI. DATES ATTENDED: _____

PARENTAL STATUS:

- SINGLE
- MARRIED
- SEPARATED
- DIVORCED

IS THERE A SEPARATION OR DIVORCE CUSTODY ISSUE/ARRANGEMENT OF WHICH THE PROGRAM STAFF SHOULD BE AWARE?

- YES
- NO

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY MEDICAL ISSUES THAT WOULD PREVENT THEM FROM PARTICIPATING IN REGULAR AFTER SCHOOL ACTIVITIES? _____

DOES YOUR CHILD HAVE ANY ALLERGIES? IF YES, PLEASE LIST SYMPTOMS TO WATCH FOR AND DESCRIBE CARE: _____

PLEASE GIVE ANY FURTHER INFORMATION WHICH YOU BELIEVE WILL BE HELPFUL TO STAFF IN UNDERSTANDING AND CARING FOR YOUR CHILD: _____

A **NON-REFUNDABLE** REGISTRATION FEE OF **\$50 PER FAMILY** IS DUE WITH THIS APPLICATION. CHECKS SHOULD BE MADE PAYABLE TO **CCPC ASP**. UPON ACCEPTANCE, AN ADVANCE DEPOSIT OF ONE MONTH'S TUITION DEPOSIT IS DUE AND WILL BE THE FIRST OF 10 EQUAL PAYMENTS FOR THE SCHOOL YEAR. THIS TUITION DEPOSIT IS NON-REFUNDABLE 30 DAYS AFTER RECEIPT.

CCPC AFTER SCHOOL PROGRAM IS A NON-PROFIT 501(c)3 AND ADMITS CHILDREN OF ALL FAITHS AND BACKGROUNDS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION OR ETHNIC ORIGIN.

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____