



APPLICATION: 2009-2010

Complete and return to Our School Preschool

Application Fee: \$62.50

Status: ()
 (please check one) ()
 ()

New family
Alumni family
Current member (new child)

(non-refundable, per child)

Please indicate the session that you want the Membership Committee to consider for your child's enrollment:

- | | | |
|--------------|----------------------------|-----------------|
| () AM 2-Day | Tuesday & Thursday | 8:30 - 11:30 AM |
| () AM 3-Day | Monday, Wednesday & Friday | 8:30 - 11:30 AM |
| () PM 4-Day | Monday through Thursday | 1:00 - 4:00 PM |

Child's Name _____

Name by which the child is called (if different from above) _____

Birth Date: _____ Sex: _____

Age on September 1, 2009 yrs. _____ months _____

[] Mother's Name [] Father's Name [] Guardian's Name [] Mother's Name [] Father's Name [] Guardian's Name

address: _____
residence _____

 city/state zip code

address: _____ **Same:** _____
residence _____

 city/state zip code

Home phone: _____

Home phone: _____

Email address _____

Email address _____

Occupation: _____

Occupation: _____

Where Employed: _____

Where employed: _____

address: _____

 city/state zip code

address: _____

 city/state zip code

Work Phone: _____

Work Phone: _____

1) Other children in family? (Please list names, ages & genders)

1. _____ name, _____ age, _____ gender, _____ birth date

2. _____ name, _____ age, _____ gender, _____ birth date

3. _____ name, _____ age, _____ gender, _____ birth date

2) Have any of your other children attended Our School? List names, When?

1. _____ name, _____ year(s) attended

2. _____ name, _____ year(s) attended

3. _____ name, _____ year(s) attended

3) How did you hear about Our School? (from what or whom?)

4) What do you anticipate your child and family might gain from the experience at Our School?

5) Please list for the Membership Committee and the teachers any information they might need to know about your child's special abilities, family circumstances, behaviors and/or medical problems. This information will help the Committee to better understand your child's needs. If you wish to talk confidentially to the teachers only, please feel free to call them.

6) Has your child been enrolled in child care, participated in any organizations, group experience or activities (dance classes, pottery or swimming lessons, etc.)? Is your child currently enrolled in child care, or participating in an organization, a group experience or activity? In answering the above questions, please specify where, when and how long your child was enrolled or participated in the above experiences. Give your assessment, if any, of these experiences.

Date: _____

Mother Father Guardian

Signature of Parent(s)/Guardian(s)

Mother Father Guardian

Signature of Parent(s)/Guardian(s)

Important: Filling out and returning the signed application with your application fee demonstrates a genuine interest in Our School Preschool, but **does not** guarantee enrollment in Our School Preschool. The admission process is as follows:

- 1) Return your signed application and application fee to the Membership Committee.
- 2) The Membership Committee will review your application and decide on the acceptance of your child.
- 3) The teachers/directors will recommend to the membership committee the session placement for your child.
- 4) A member of the membership committee will formally offer you membership in Our School Preschool, indicating the session in which your child will be enrolled.
- 5) A Membership Agreement, along with Our School Policies and By-Laws, will be sent to you.
- 6) Upon reading, understanding and accepting the Policies and By-Laws, return your signed Membership Agreement accompanied with your payment (Total Due Upon Signing).
- 7) School officials will sign your Membership Agreement, the required payment accompanying the Membership Agreement will be deposited thereby formally concluding the placement of your child and your membership in Our School Preschool.

Please note: Preference for accepting applications for children of alumni families and new children of current members for **2009-2010** is **November 22, 2008**.

Any Questions: 1) contact Yvonne Mayer Teacher/Director, Chairperson or
2) Jim Heaney Teacher/Director, Treasurer...we can help or, redirect your questions to the appropriate person(s). Thank you for showing an interest in Our School Preschool.

Tuition /Fee Reduction Program

Our School has an extensive tuition/fee reduction program. The tuition/fee reduction program is made possible through its annual auction fundraiser. The current fees: annual tuition, administrative and building fee do not cover the costs of children attending Our School Preschool. The annual fundraiser revenue is distributed therefore among all the Our School families equitably and in accordance with the session in which the child is enrolled by supplementing members' annual fees with the annual fundraiser revenue.

The total distribution of monies in the tuition/fee reduction program is approved by the Board of Directors upon recommendation from the Treasurer. A current fee schedule is available.

The current costs of operating Our School Preschool are the attempts by Our School Preschool to offer quality preschool education within the confines of historical and current attitudes towards: education, children, families and preschool education. These historical and current attitudes clearly impact the economic commitment of individuals and institutions towards quality preschool education. The annual fundraiser revenue permits all families to benefit from the purposes of Our School Preschool as set forth in Article II of the Our School By-Laws.

In order to process your application please check only one of the income categories below under schedule A or B. The income categories reflect the total income from your most recent filed tax year (2007 or 2008) Federal Tax Form: line 22 of 1040, line 15 1040A or line 23 of 1040NR.

Schedule A income eligibility guidelines:

AM 2-Day Session	<u>income less than</u>	\$95,929.00	()
AM 3-Day Session	<u>income less than</u>	\$97,921.00	()
PM 4-Day Session	<u>income less than</u>	\$108,949.00	()

Tax Year 2007 () Tax Year 2008 ()

Schedule B income eligibility guidelines:

AM 2-Day Session	<u>income greater than</u>	\$95,929.00	()
AM 3-Day Session	<u>income greater than</u>	\$97,921.00	()
PM 4-Day Session	<u>income greater than</u>	\$108,949.00	()

Tax Year 2007 () Tax Year 2008 ()

The information contained in this portion of the application for enrollment is provided for the purpose of placement into Tuition Schedule A or Tuition Schedule B. I/we understand that the decision to allocate my families placement into Tuition Schedule A or Tuition Schedule B is based on the provided information. I/We represent that my income is within the guideline which I have checked according to the session into which my child is enrolled and that the information provided is true and complete and that the Treasurer can consider it to be true and complete.

Signature: _____

Date: _____

Signature: _____

Date: _____

Payments and optional payment plans.

All families accepted as members of Our School Preschool will pay an initial deposit towards the annual tuition, building fee and administration fee upon signing the membership agreement. The balance of the annual tuition, the annual building fee and the annual administrative fee after the deposit will be paid on a 12 month payment schedule. The deposit and 12 month payment schedule are written into the Membership Agreement. If you desire a different payment schedule (one annual payment, bi-annual payment, etc.) please check and fill-in the 'other' box as necessary. Please understand that Our School Preschool cannot honor all requests to changes in the payment plans but, will make every effort to accommodate requests.

1) Tuition

Payment Plans: () Other (please specify your request): _____

2) Building Fee

Payment Plans: () Other (please specify your request): _____

3) Administrative Fee

Payment Plans: () Other (please specify your request): _____

Supplemental Financial Assistance:

_____ I wish to apply for supplemental financial assistance.

Membership Committee: Date Received _____

Enrollment start date _____