



"Where childhood is celebrated..."

Community Day Care & Preschool, Inc
1611 Westminster Place
Ann Arbor, MI 48104
(734) 761-7101 fax: (734) 761-9610
Web address: communitydaycareinc.org

Feb. 16, 2009

Dear Prospective CDC Family,

Community Day Care is beginning our enrollment process for the 2009 – 2010 school year. Because you have expressed an interest in enrolling in our preschool program you are eligible for priority enrollment which begins Feb. 23 and continues through Mar. 16.

To take advantage of priority enrollment please fill out the attached enrollment form and return to CDC no later than Mar. 16th. All forms received by Mar. 16th will be prioritized by the date of your initial contact with me. Individual tours are available for those families who have not yet visited CDC. This is an opportunity for families to ask questions specific to your needs. If you have not scheduled a tour of our facilities please call to set up a visitation. Tours are available daily from 10:00 – 12:00 and 2:30 – 4:30. During this visit any questions you have about our philosophy, curriculum, daily schedule, etc. will be addressed.

If you have had a tour of CDC you are encouraged to bring your child and spend some time observing the program in action. An appointment is not needed to visit the program. Ideal times for visiting are from 9:30 – 12:00 and again from 2:30 – 5:00.

We will once again be offering a kindergarten enrichment program at our preschool this year. The program is open to anyone whose child attends kindergarten and would like care when kindergarten is not in session. For children attending Burns Park Elementary, we walk over and escort the children back to CDC. AAPS will bus children from Mack Open School here. You have the option of coming every day or a minimum of two half days per week. If you might be interested in this opportunity, please give me a call to discuss the details of this program.

Enclosed in this packet is the enrollment form, a copy of our current fee schedule and information about our sliding scale eligibility. If you feel you may qualify for the sliding scale see me for the necessary forms.

To be considered for enrollment in the fall complete the enrollment form, attach a \$75 deposit and return to CDC by Mar. 16. If you have any questions regarding this process feel free to give me a call.

Again, thank you for your interest in Community Day Care for your child care needs.

Audrey Miller
Preschool Director



Community Day Care & Preschool, Inc.

ENROLLMENT FORM 2009-2010

Child's name _____ Sex ____ Birth date (m/d/yr) _____
 Address _____ City _____ Zip code _____
 Parent's name _____ Phone: home _____ work _____
 Parent's name _____ Phone: home _____ work _____
 Contact e-mail(s): _____

New families, please attach the \$75 registration fee.

Please indicate the SCHEDULE you have selected:

PLEASE CHECK SELECTION	CIRCLE DAYS				
<input type="checkbox"/> FULL TIME	FULL DAYS, EVERY DAY				
<input type="checkbox"/> FULL DAYS (7:30-5:30)	MON	TUE	WED	THUR	FRI
<input type="checkbox"/> MORNINGS ONLY (7:30-12:15)	MON	TUE	WED	THUR	FRI
<input type="checkbox"/> MORNINGS W/LUNCH (7:30-1:30)	MON	TUE	WED	THUR	FRI
<input type="checkbox"/> AFTERNOON W/LUNCH (12:00-5:30)	MON	TUE	WED	THUR	FRI
<input type="checkbox"/> KINDERGARTEN ENRICHMENT	MON	TUE	WED	THUR	FRI

INCOME INFORMATION (IF REQUESTING A REDUCED FEE CATEGORY)

_____ I prefer not to disclose my income. (No documentation is required.)

_____ I believe I may qualify for a reduced fee because of my income.

(To qualify, we must have on file: a Personal Financial Statement, your W-2 form(s) from the past year, and a copy of your Federal 1040. Spaces are limited and are filled on a first-come, first-served basis.)

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I have read and will abide by Community Day Care's financial policies. I understand that this is a contract for services and that I am responsible for the tuition charged for the above schedule. FINANCIAL INFORMATION: Financial information, such as billing status, scholarship status, and other information about my account with CDC, will **ONLY** be released to those who sign below. Others not named below must obtain information from a person signing this document.

Signature _____ Date _____

Signature _____ Date _____

Office use only: Reg fee _____ check# _____ date _____