

2026-2027 Application for Admission – NEW STUDENTS

Child Info: First _____ Last _____ Nickname _____ Sex _____
 Birth Date _____ Language spoken in the home _____ School District _____
 Address _____ City/Zip _____
 Home Phone # _____ Parents' marital status: ☐ married ☐ separated ☐ divorced ☐ single
 Siblings Names & Ages _____

Attended previous school? (circle one): Yes / No Reason for Leaving Previous School _____

Does your child receive any services, or is in the process of being evaluated by Early Intervention or the Intermediate Unit (MCIU/BCIU)? (circle one): Yes / No If yes, which services does s/he receive: ___ Speech ___ OT ___ Behavior ___ PT ___ SI

Does your child have a diagnosis that correlates with their therapy services above? Yes / No If yes: _____

Do you have any concerns about your child? _____

Father's Name _____
 Occupation _____
 Employer _____
 e-mail _____
 Bus. # _____ cell # _____

Mother's Name _____
 Occupation _____
 Employer _____
 e-mail _____
 Bus. # _____ cell # _____

Does your child have **ALLERGIES**? Please list them here: _____

FULL DAY CLASSES 7:15AM – 5:30PM

- | | | | |
|---|--|----------------|------|
| <input type="checkbox"/> YOUNGER TODDLERS* (9 - 23 months old) | ___ 5 Days, M-F | \$1,965.00/mo. | (01) |
| | ___ 3 Days, Please circle: M T W Th F | \$1,480.00/mo. | (02) |
| <input type="checkbox"/> OLDER TODDLERS* (24+ months) | ___ 5 Days, M-F | \$1,841.00/mo. | (03) |
| | ___ 3 Days, Please circle: M T W Th F | \$1,395.00/mo. | (04) |

***NOTE:** Registration for our **TODDLERS** is based on a June - May calendar year, and has 3 potential start dates
Please indicate your preferred start date here (circle one): June 1, 2026 / August 24, 2026 / January 4, 2027

- | | | | |
|---|--|----------------|------|
| <input type="checkbox"/> PRESCHOOL - 3 year olds | ___ 5 Days, M-F | \$1,841.00/mo. | (05) |
| | ___ 3 Days, Please circle: M T W Th F | \$1,395.00/mo. | (06) |
| <input type="checkbox"/> PRESCHOOL - 4 year olds | ___ 5 Days, M-F | \$1,716.00/mo. | (07) |
| | ___ 3 Days, Please circle: M T W Th F | \$1,289.00/mo. | (08) |
| <input type="checkbox"/> PRESCHOOL - 5 year olds (Child must be 5 by Dec 31, 2026) | ___ 5 Days, M-F | \$1,716.00/mo. | (09) |

MORNING ONLY CLASSES 9:00AM – 12:00PM

- | | | | |
|--|---------------------|--------------|------|
| <input type="checkbox"/> 4 year olds Child must be 4 by Sept 1, 2025 & toilet trained | ___ 5 Mornings, M-F | \$557.00/mo. | (10) |
| <input type="checkbox"/> 5 year olds Child must be 5 by Dec 31, 2026 & toilet trained | ___ 5 Mornings, M-F | \$557.00/mo. | (11) |

FEES REQUIRED:

- ☐ **\$50 non-refundable Registration Fee per child**
☐ **\$250 Security Deposit per child - Full Day Students ****
☐ **\$125 Security Deposit per child - Half Day Students ****

TUITION DISCOUNTS:

- ☐ I am a MEMBER of Cheltenham Church (10% discount)
☐ My child has a sibling attending CCDC (10% discount for 1st sibling; 15% for 2nd sibling)

****The security deposit will be refunded if 30 days' notice is given at the time of withdraw.**

Signature of Parent _____ Date _____

OFFICE USE ONLY BELOW THIS LINE _____



CAMP JUBILEE

TUITION & FEES

CHOOSE ONE: ☐ June ONLY (June 1 – 30)

☐ FULL Summer (June 1 – August 14)

CHOOSE ONE:		
PRESCHOOL – 3 year olds	___ 5 Days, M-F	\$1,841.00/mo.
	___ 3 Days, Please circle: M T W Th F	\$1,395.00/mo.
PRESCHOOL – 4 year olds	___ 5 Days, M-F	\$1,716.00/mo.
	___ 3 Days, Please circle: M T W Th F	\$1,289.00/mo.
PRESCHOOL – 5 year olds	___ 5 Days, M-F	\$1,716.00/mo.
	___ 3 Days, Please circle: M T W Th F	\$1,289.00/mo.

IMPORTANT DATES TO REMEMBER: *Please mark your calendars!*

- **July 4th** Camp is **CLOSED** for the holiday
- **August 14th** The **LAST DAY** of Camp
- **August 17th – 21st** **CLOSED** for teacher in-service
- **August 24th** The **FIRST DAY** of FALL session



CAMP JUBILEE 2026:

June Only: June 1 – June 30, 2026

Mixed ages, 3 - 5

Full Summer: June 1 – August 14, 2025

Classes by age, 3 - 5

If your child WILL NOT be joining us this summer, please indicate that here so we can make the space available to another child.

Child's Name _____ will **not** attend summer camp

Parent Signature _____

Date _____

OFFICE USE ONLY BELOW THIS LINE

Director Initials: _____

CK# _____

Ck Amt _____

Bookkeeper Initials: _____

Procure Date: _____

Prices effective as of June 1, 2026