



2020 - 2021

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	\$470/month	2 children = \$916/month
<input type="checkbox"/> 4 days per week	\$435/month	M T W Th F
<input type="checkbox"/> 3 days per week	\$380/month	M T W Th F
<input type="checkbox"/> 2 days per week	\$325/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 2020 _____

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 IS DUE AND WILL BE APPLIED TO THE PARTIAL MONTHS OF AUGUST 2020 AND JUNE 2021. THIS TUITION PAYMENT 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: _____