



Cobb Meadow School Application for Reenrollment 2017-2018

**Please complete & return with a non-refundable application fee of
\$250/child**

Child's Name: _____ Child's Date of Birth: _____

Child's age as of August 30, 2017: ____ years ____ months

In order to comply with state non-profit regulations, please indicate your child's ethnic background: _____

Address: _____

Parent Names: _____ / _____

Second Parent Address, if different from above: _____

Best Phone # to reach a parent: _____

Email Addresses: _____ / _____

Tuition for 2017-2018

	Tuition for the morning, 8:30-1:00	
3 Day Program	\$3900.00	Aftercare remains \$510/day for the year.
4 Day Program	\$5000	
5 Day Program	\$5725	

*A 10% discount on the second tuition is offered to families with two children enrolled.
Monthly rates calculated after \$250 deposit is deducted.
Registration is on a first come, first served basis.*



Cobb Meadow School

_____ My child will not be re-enrolling at Cobb Meadow

Preferred Days (circle days-minimum of 3): M Tu W Th F

Alternate Preferred Days: M Tu W Th F

Cobb Meadow School is a not-for-profit organization and admits students without regard to race, gender, religion, creed or national origin.

For Office Use Only: Date received _____ Deposit received _____ Check number _____

Optional for return families, but may be nice for an update:

1. What are your hopes for your child for the upcoming school year?

2. Please describe briefly here your child's development.

3. Are there any issues that challenge your child, physically or otherwise?

