



2010-2011

Prospective Parent

Presbyterian Parent Cooperative Preschool
Memorial Presbyterian Church
1310 Ashman Street, Midland, Michigan 48640

Dear Prospective Preschool Parent:

Thank you for your interest in Presbyterian Parent Cooperative Preschool (PPCP).

Our goal at PPCP is to help children grow and develop into healthy individuals who can successfully and happily cope with the world and environment in which they live, all within a Christian setting. A cooperative preschool involves teachers and parents working closely together to establish an environment in which children can grow and develop according to their individual needs. We believe the involvement and commitment of co-op parents are essential to ensure that the young child's first ventures away from home are happy and meaningful.

The unique qualities of our preschool are:

- A full age range of classes for children ages 2 to 5
- Cooperative school philosophy, allowing greater parent involvement and participation in your child's education
- On-site playground equipment suitable to preschool-age children
- Fifty years of award-winning preschool education
- Extended days available with LUNCH BUNCH program
- Curb-side drop-off and pick-up
- Developmentally designed curriculum meets state preschool standards
- Licensed by the State Board of Education and Department of Human Services

Included is additional information about our programs. In the brochure, you will find more information about the teachers and how to contact them if you have questions about their classes. Please contact me with any preschool questions.

Sincerely,

Christine Tanzini
Membership Chair
5005 Dale Ct.
Midland, MI 48642
989-839-9808
heydudd@chartermi.net



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Programs & Tuition

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This information is for your records. PPCP's intended class offerings for the upcoming school year are as follows. All classes are subject to cancellation or alteration due to lack of enrollment.

Toddler-Parent Program

Thursday

10:00–11:30 AM taught by Lisa Ryan

- Applicant must be age 2 by December 1, 2010
- Class size is 12 students
- Child must be accompanied by a parent/adult for each class
- Fall session runs September–December; Winter session runs January–May
- Tuition (per session) is \$70

Three-Year-Old Program

Monday, Wednesday

9:15–11:15 AM taught by Lisa Ryan

- Applicant must be age 3 by December 1, 2010
- Child must be working toward being toilet trained
- Class size is 15 students, maximum of 5 private spots
- School year is September–May
- Annual co-op tuition is \$412 (payable in four installments of \$103)
- Annual private tuition is \$670 (payable in four installments of \$167.50)

Four-Year-Old Program

Tuesday, Wednesday, Thursday

9:00–11:30 AM taught by Annette Carbury

- Applicant must be age 4 by December 1, 2010
- Child must be toilet trained
- Class size is 16-18 students, maximum of 5 private spots
- School year is September–May
- Annual co-op tuition is \$592 (payable in four installments of \$148)
- Annual private tuition is \$964 (payable in four installments of \$241)

Kindergarten Readiness Program (for four-year-olds & young five-year-olds)

Monday, Tuesday, Wednesday, Thursday

9:00–11:30 AM taught by Sandy Svercek

- Applicant must be age 4 by March 31, 2010
- Child must be toilet trained
- Class size is 16-18 (up to 20 at the board's discretion) maximum of 6 private spots
- School year is September–May
- Annual co-op tuition is \$900 (payable in four installments of \$225)
- Annual private tuition is \$1450 (payable in four installments of \$362.50)



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Application

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**The application fee is \$30 per child; the application fee for siblings is \$45 per family.
Return this form and application fee (checks payable to PPCP) to PPCP Membership Chair:
Christine Tanzini, 5005 Dale Ct., Midland, MI 48642**

Child's Name _____ Date of Birth _____
Address, City, State ZIP Code _____
Telephone Number _____ E-Mail Address _____
Mother's Name _____ Father's Name _____
Mother's Occupation _____ Father's Occupation _____
Mother's Work Telephone or Cell Number _____ Father's Work Telephone or Cell Number _____
Names and birthdates of other children in your family _____

| | | |
|----------------------------------------------------------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Toddler-Parent (Thursday) | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter |
| <input type="checkbox"/> 3-Year-Old (Monday, Wednesday) | <input type="checkbox"/> Co-op | <input type="checkbox"/> Private |
| <input type="checkbox"/> 4-Year-Old (Tuesday, Wednesday, Thursday) | <input type="checkbox"/> Co-op | <input type="checkbox"/> Private |
| <input type="checkbox"/> Kindergarten Readiness (Monday, Tuesday, Wednesday, Thursday) | <input type="checkbox"/> Co-op | <input type="checkbox"/> Private |

Please check ALL appropriate statements:

- Family regularly attends Memorial Presbyterian Church
- Family regularly attends Chapel Lane Presbyterian Church
- Currently attending PPCP (includes Toddler-Parent Program)
- Former member of PPCP (list years) _____

Presbyterian Parent Cooperative Preschool admits students of any race, color, religion, and national or ethnic origin.

What other preschool experience has your family had? _____

What is your religious affiliation? _____

Please list any special needs of your child. _____

If this is your first time at PPCP, who (if anyone) referred you? _____

In applying for membership in PPCP and signing this form, I agree to all of the following conditions:

- I/We agree to assist the teacher in the classroom every two to three weeks as scheduled (private excluded).
- I/We agree to be responsible for an after-class job.
- I/We agree to attend all scheduled mandatory parent meetings.
- I/We agree to participate in PPCP fund-raisers.
- I/We agree to participate during the mandatory classroom clean-up day in May.
- I/We understand that my/our child must be toilet trained if four or five years old.
- I/We understand that tuition (except for toddlers) is due in four installments in April, September, November, and January;
I/We also understand that instead I may create a payment schedule with PPCP's Tuition Treasurer.
- I/We understand that the application fee is NON-REFUNDABLE and NON-TRANSFERABLE.
- I/We understand I/we will be charged a fee of \$5 for any returned check.
- I/We understand that all classes are subject to cancellation or alteration due to lack of enrollment.

Parent/Guardian Signature _____

Date _____