



Chatham Methodist Preschool  
460 Main Street  
Chatham, NJ 07928  
973-635-5261  
Amy Crandall, Director

**TWO -YEAR-OLD PROGRAM  
INFORMATION SHEET  
2022-2023**

**CLASS OFFERING:**

*MONDAY/WEDNESDAY/FRIDAY 8:45 AM-11:45 AM*

**Tuition:** \$3,850 per year

**REGISTRATION PROCEDURE:**

- PRIORITY REGISTRATION BEGINS ON DECEMBER 1, 2021. Alumni families and church members may register at this time.
- OPEN REGISTRATION BEGINS ON JANUARY 1, 2022.

***Thank you for applying to Chatham Methodist Preschool! A \$65 non-refundable application fee is due with completed registration forms. All paperwork and payment may be dropped-off at the school, or should be mailed to the Director at:***

Chatham Methodist Preschool  
ATTN: Amy Crandall  
460 Main Street  
Chatham, NJ 07928

**CONFIRMATION PROCESS:**

- Class rosters are filled on a first-come first-serve basis.
- A completed application does not guarantee placement.
- You will be notified no later than January 27, 2022 as to whether your child has been enrolled in the class selected, or has been placed on the waiting-list.
- A \$250 non-refundable deposit is required in order to reserve your child's spot by February 1, 2022. This payment will be deducted from your tuition bill.
- Class schedules are subject to change.

**PAYMENT:**

- Please make checks payable to: Chatham Methodist Preschool, or CMP.
- Tuition payments are billed in the months of May, September, and December 2022 and are due within 15 days of receipt.

***Please contact our Director, Amy Crandall, with any questions. She may be reached at 973-635-5261 or via e-mail at [director@chathampreschool.org](mailto:director@chathampreschool.org).***

## TWO-YEAR-OLD REGISTRATION FORM

CMP Alumni Family

CUMC Member

*Please Print:*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred name to be used in school: \_\_\_\_\_ Sex: M  F

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

Secondary E-mail Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Cell) (Business)

Place of Employment: (Company Name & complete address) \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Cell) (Business)

Place of Employment: (Company Name & complete address) \_\_\_\_\_

Siblings: (Names, Birth Dates)

Please list prior schools attended: \_\_\_\_\_

**REGISTRATION FOR TWO-YEAR-OLD PROGRAM** (Must be 2 by 10/1/22 for enrollment)

MONDAY/ WEDNESDAY/ FRIDAY 8:45 AM - 11:45 AM

I understand that enrolling my child at CMP means that I abide by the payment schedule listed above.

Parent's Signature \_\_\_\_\_

(Date)