

Cook's Academy

Application for Enrollment

d's Name	Middle	Last	
der: M F		D.O.B/	
there any special considerations or instruction	is regarding your ch	ild we should be aware of?	
	Parent/Guardian		
rent 1:		Parent 2:	
ame:		Name:	
ldress:		Address:	
imary Phone:		Primary Phone:	
condary Phone:		Secondary Phone:	
nail:		Email:	
sired Start Date:	Expected	Drop-off/Pick-up times::	to:
Infant, Young Toddler, or Transitional To		Toddler Please choose both a classroom and hourly po	ackage option.
Grandma's Corner 45 hrs	/wk	Senior Cadets 20hrs/wk ~ Tues 8	& Thurs
(Birth – 12mos)		27 hrs/wk ~ Mon,	
Junior Cadets 55 hrs. (12mos – 18mos)	/wk	45 hrs/wk	
Core Cadets			
(18mos – 24mos)		55 hrs/wk	
Part-Time Preschool Please choose both a classroom and hourly package	ontion.	Full Day Preschool Please choose both a classroom and hourly po	ackaae ontion.
Academy I 6 hrs/wk ~ Tues 8 (2 ½ yrs) 9 hrs/wk ~ Mon, N		Academy I 20 hrs/wk ^ (2 ½ yrs – 3yrs) 27 hrs/wk ^	
(2 ½ yrs) 9 hrs/wk ~ Mon, \ Academy II 15 hrs/wk ~ Mon		27 hrs/wk 27 hrs/wk 45 hrs/wk	Mon, Wed, Fri
(3yrs)		(3yrs – 4 yrs) 55 hrs/wk	
Senior Academy Add Lunch Option	(12p-1p)	Senior Academy (4yrs – 5yrs)	
(4yrs)		[4915 – 3915]	
Young 5's		Special Package	
Please choose both a classroom and hourly package	option.	With directors approval ONLY.	
Junior Kindergarten 30 hrs/wk ~ Mon	-Fri 9a-3p	Classroom:	
45 hrs/wk		Schedule:	
55 hrs/wk			

Date: _____

Signature of Parent/Guardian