

Family Circle Playgroup

P.O. Box 537

Moorestown, NJ 08057

Phone: (856) 234-6818 Email: familycircleplaygroup@yahoo.com

Website: www.familycircleplaygroup.com

Registration Application

2012-2013

Family Information:

Parent/Guardian attending: _____

Address: _____

Phone Number: _____

Email Address: _____

Enrolled Child's Name(s): _____ Enrolled Child's B-day(s): _____

Sibling Tagalong Attending: (Mark with a "?" if unsure at this time. Write "infant due" if applies. It is vital that you provide this information accurately to ensure an optimal class size. Contact the registrar if this information changes.)

Name: _____ Birthday: _____

Tuition:

One-day Classes: \$135 per year. Siblings 1 year old by Oct. 1st and under class age \$41. Siblings class age and older \$84. Infants (born 10/2/12 through 5/31/13) \$10 insurance fee.

Two-day classes: \$270 per year. Siblings 1 year old by Oct. 1st and under class age \$82. Siblings class age and older \$168. Infants (born 10/2/12 through 5/31/13) \$20 insurance fee.

Tuition (paid in full) is due on Orientation Night – Tuesday September 11th, 2012. Your \$40 registration fee is applied to the balance due. **The fee is non-refundable for cancelled membership.** A \$40 cooperative retainer fee will be collected at Orientation. This fee will be refunded at the end of the year to all members who fulfilled their cooperative obligation to FCP. If an obligation is not fulfilled, then the \$40 fee is not refunded. Tuition and fees are subject to change without notice.

Class Schedules:

Enrollment is determined by child's age as of October 1st of the current calendar year, no exceptions. Please indicate your top three preferences for class day with a number 1, 2, and 3. Class offerings are subject to change depending on enrollment.

Morning classes meet from 9:15am - 11:30am (time can be shortened based on age of child)

Afternoon classes meet from 12:30pm -2:45pm (time can be shortened based on age of child)

_____ 12 mo Tues a.m.

_____ 12 mo Fri a.m.

_____ 18 mo Mon a.m.

_____ 2 yr Mon a.m.

_____ 2 yr Tues a.m.

_____ 2 yr Wed a.m. (A)

_____ 2 yr Wed a.m. (B)

_____ 2 yr Thurs a.m.

_____ 2 yr Fri a.m.

_____ 3 yr Mon a.m.

_____ 3 yr Tues. a.m.

_____ 3 yr Wed a.m.

_____ 3 yr Thurs a.m.

_____ 3/4 yr Wed p.m. Enrichment

_____ 3/4 yr Fri a.m.

*If you would like to be in class with a particular person, please indicate member's name: _____

**If you would like two days of class, please indicate which two days here: _____

Cooperative Obligations: (For a more detailed description log onto www.familycircleplaygroup.com.)

All Family Circle Playgroup members are required to assist on a committee. Three to five hours of outside class time is required. Below is a basic explanation of each committee. All classrooms have a representative on behalf of each committee. Preference for a committee will be taken into consideration; however, committee assignment will be according to what is needed for each group. Please indicate your top three preferences with a 1, 2 and 3.

Publicity_____

Members participate by contributing newsletter articles, decorating the FCP bulletin board, volunteering at open houses and community events. They also assist in distributing flyers as requested by the Committee Chair.

Property _____

Members participate by attending one of the two clean up days or inventory days. Also by monitoring toys and supplies in classrooms and completing inventory duty though out the year.

Hospitality_____

Members participate by wrapping holiday gifts for the FCP children, welcoming entertainment visitors, assisting with open houses and coordinating their classroom's Family Day table.

Fundraising _____

Members participate by assisting Committee Chair with summarizing forms and distributing orders to their individual classes in a timely matter. Time will be required outside of the classroom to help with receiving and distributing deliveries. They also assist the committee chair by promoting additional fundraisers throughout the year.

Field Trips_____

Members fulfill their obligation to the group by promoting field trips, completing sign up sheets for their class, collecting money and providing feedback to the committee chair about the field trip experience.

Volunteer Positions:

Board members receive half price tuition. See job descriptions online or call 1-856-234-6818 for more information. If interested in a Board position, please indicate below:

_____ Class Coordinator

_____ Committee Chair: (circle one) Field Trip, Fundraising, Property, Publicity or Hospitality

_____ Website Representative

_____ Executive Board: (circle one) Director, Assistant Director, Registrar, Public Relations, Treasurer, Secretary

* A Board Member will contact you if the position is available.

Member Background:

Please list occupation(s) (past or present) and any volunteer work of participating adult. Include any talents or resources that member can share with group.

How did you learn about Family Circle Playgroup?

_____ Newspaper _____ Friend _____ I am a former member: Year(s): _____

_____ Website _____ Brochure _____ Other (please specify) _____

Member Commitment:

- Members are responsible for their enrolled children and tagalongs at all times. Adult members are not permitted to leave the building while their children are attending class.
- Members must attend **Orientation Night on Tuesday September 11th, 2012 (7:00-9:00P.M.)**, to discuss important information, pay tuition balance and cooperative retainer fee, meet with their class, receive leading and committee assignments, review policies, and examine educational materials that are available. This event is for adults only.
- Upon registration, members are making a commitment to both their classmates and FCP to participate in a committee (roughly 3-5 hours total per year) to enrich the experience for the children and allow the group to run efficiently, to attend classes regularly and punctually, to lead the class when assigned and assist as needed, and to notify the class when an absence is unavoidable.
- Members understand and agree to the terms in the FCP By-Laws and understand that failure to abide by the regulations and policies of FCP will result in termination of membership.

I understand these terms and agree to meet all obligations.

Signature

Date

Liability Waiver:

In the event myself, my family members, or any guest I may bring to FCP becomes injured, either at St. Matthew Lutheran Church or on a field trip, I shall not hold FCP, or any of its members, or St. Matthew Lutheran Church responsible. I am enrolling my child at my own risk.

Signature

Date

This application, the immunization form, and a **non-refundable registration fee of \$40**, are to be returned to the address on page one. Please make checks payable to: Family Circle Playgroup. Placement in classes will be based on the date that the Registrar receives the application and fee. You will receive a letter confirming your class assignment by the first week of August. **Applications received without deposit, or verbal requests, will not be honored.**
THE REGISTRATION FEE IS NON-REFUNDABLE.

FOR REGISTRAR'S USE ONLY: Date received: _____ Registration Fee: _____ Check # _____ Dated _____
Immunization Forms: _____ Enrolled _____ Tagalong(s) _____