**Young’uns Summer Cooperative Playschool (YSC)**

**Application for Admission**

**Summer 2020**

If you have any questions, please contact Young Kim at [young.m.kim@gmail.com](mailto:young.m.kim@gmail.com) or 408.834.2034.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child Name  (First and Last) | |  | | | Date of Birth |  |
| Address | |  | | | | |
|  | | | | | | |
| Parent / Legal Guardian Name | |  | | | Cell # |  |
| Email Address | |  | | | | |
| Spouse Name | |  | | | Cell # |  |
| Email Address | |  | | | | |
| Check Desired Location(s) – If multiple, rank order. | | | | | | |
| (9 AM to 3 PM, M-F)  FULL DAY  ***Tuition = $1,350 for 9 weeks of summer co-op***  ***Monday, June 22 to Friday, August 21*** | | | (9 AM to 3 PM, M-F)  FULL DAY  ***Tuition = $1,350 for 9 weeks of summer co-op***  ***Monday, June 22 to Friday, August 21*** | | | |
|  | Macomb Recreation Center  3409 Macomb Street NW  Washington, DC 20016 | |  | Hamilton Recreation Center  1340 Hamilton Street NW  Washington, DC 20011 | | |

While there is no fee to apply, if accepted, I acknowledge that a ***non-refundable*** $150 seat deposit is due immediately. I also understand that participation in the summer cooperative involves assigned duty days, which I promise to fulfill.

Parent / Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may scan and email the signed application to: [young.m.kim@gmail.com](mailto:young.m.kim@gmail.com)

or mail it to: Young Kim, 3900 Tunlaw Road NW, #413, Washington, DC 20007