**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 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 Center3409 Macomb Street NWWashington, DC 20016 |  | Hamilton Recreation Center1340 Hamilton Street NWWashington, 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

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