



PARENTS COOPERATIVE PRESCHOOL APPLICATION

2012-2013

A non-refundable \$15 registration fee must accompany this form.

CHILD'S NAME _____

BIRTHDATE _____ AGE _____ MALE _____ FEMALE _____

PARENT 1 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PARENT 2 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PROGRAM OPTIONS

(You may choose 1-5 days)

____ Monday 9:00-12:00

____ Thursday 9:00-12:00

____ Tuesday 9:00-12:00

____ Friday 9:00-12:00

____ Wednesday 9:00-12:00

- **Children must be 3 years old to enroll.**

Parent's Signature _____

Date _____

FOR OFFICE USE ONLY

Date Received _____

Registration fee _____

Received by _____

Days Enrolled _____

D/C _____

I/C _____

