



# PARENTS COOPERATIVE PRESCHOOL APPLICATION 2017-2018

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, class runs from 9-12)

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

- **Children must be 3 years old and potty trained by August 23, 2017 to enroll.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Registration fee \_\_\_\_\_

Application Received by \_\_\_\_\_

Days Enrolled \_\_\_\_\_

D/C \_\_\_\_\_

I/C \_\_\_\_\_



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