



Greenhills Cooperative Preschool Registration Form

OFFICE USE ONLY

Date Received _____
Amount Received _____
Check # _____
Date of Admission _____

Child's Name _____ Gender _____

Name to use at school _____ Date Of birth _____

Address _____ Zip Code _____

Home Phone _____ Cellphone _____ Email _____

Enrollment(Please check a box) 3's-4's (2 Days) (Tu & Th) 4's-5's (3 Days) (Tu-W-Th)

Mothers Name _____ Occupation _____

Father's Name _____ Occupation _____

Name & ages of other children _____

(Please circle those who have attended Greenhills Co-op)

How did you hear about the school? _____

I agree to have my name, address, & phone number included on my child's roster. This will be made available upon request to any parent whose child is enrolled in my child's class (not for solicitation).

Yes _____ No _____ Signature _____ Date _____

Would you like to be the class secretary for your child's class? This involves coordinating parent helper schedules and creating an emergency phone chain. Yes _____ No _____

Would you like to be a member of the Executive Board? Yes _____ No _____

Please write any group experience your child has had. _____

List any health problems or allergies your child has (indicate none iapplicable). _____

Does your child have any fears the teacher should know about? _____

Which holidays do you celebrate as a family? _____

Tell us anything to help make your child's experience more enjoyable. _____

Registration is on a first-come, first-serve basis. Your child's name will be entered on a class roster when we receive your registration form and the \$80 non-refundable registration fee, per child, made payable to "Greenhills Co-op Preschool, Inc". Children registering after May 21st. must mail registration in a postage paid envelope to the address