Greenhills Cooperative Preschool—Registration Form

Date received _____
Amount received _____
Check # _____
Date of admission _____

Child's Name _____ Male _____ Female _____
First Middle Last

Name to be used at school _____ Date of Birth _____

Address _____ Zip Code _____
Home Phone _____ Cell Phone _____ E-mail _____

Enrollment for: 2 days/week(T-Th) 3s-4s_____ 3 days/ week (M-W-F)4s-5s _____ 4 days/week (M-T-W-Th) 4s-5s _____

Father's Name _____ Occupation _____
First Last

Mother's Name _____ Occupation _____
First Last

Names and ages of other children_____
(Please circle the names of those who have attended Greenhills Co-op.)

How did you hear about the school?
_____

I agree to have my name, address and phone number included on my child's roster which 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 that your child has had. _____

_____

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

_____

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

_____

Which holidays do you celebrate as a family? _____

Tell us anything that will 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 $75 non-refundable registration fee, per child, made payable to "Greenhills Co-op Preschool, Inc." Children registering after May 21, must mail registration in a postage paid envelope to the address below.

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www.greenhillsco-op.org