

CHRISTIAN COOPERATIVE PRESCHOOL ENROLLMENT FORM



Please complete **both** sides of this form and include your **nonrefundable** registration fee.

Enrollment for _____ school year. First Day of Attendance _____

(Leave Blank)

Please check if you are a member of Thrivent _____

CHILD:

Name (First, Mi, Last) _____ Sex: M _____ F _____

Date of Birth (m/d/y) _____ Home Phone # _____

Address _____

Street

City

Zip

PARENTS OR GUARDIAN:

Name of Father _____ Date of Birth _____

Home Address _____

Street

City

Zip

Home Phone # _____ Cell Phone # _____

Name of Business _____ Business Phone # _____

Business Address _____

Name of Mother _____ Date of Birth _____

Mother's Maiden Name _____

Home Address _____

Street

City

Zip

Home Phone # _____ Cell Phone # _____

Name of Business _____ Business Phone # _____

Business Address _____

E-mail Address _____

CHILD'S PHYSICIAN:

Name _____ Phone # _____

Address _____

CHILD'S DENTIST:

Name _____ Phone # _____

Address _____

Please indicate which of the following classes you prefer:

- _____ Mon/Wed/Fri **AM** (4 and 5 year olds)
- _____ Tues/Thurs **AM** (3 year olds)
- _____ Mon/Wed/Thurs **PM** (3, 4, and 5 year olds)

Please indicate areas in which you may be interested in helping at Christian Cooperative Preschool.
Please call Christian Cooperative if you have any questions regarding any of the below options.

- | | |
|--------------------------------|--|
| _____ Class Representative | _____ Campbell Soup Label Parent |
| _____ Scheduler | _____ Scrapbook Parent |
| _____ Emergency Working Parent | _____ Take pictures & compile CD for each Student in Class |
| _____ Calling Parent | _____ Executive Board Member |
| _____ Special Projects Parent | |

Has the child you are currently enrolling or any other child in your family previously attended Christian Cooperative Preschool?

_____ Yes _____ No

How did you hear about Christian Cooperative Preschool? _____

I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Signed _____ **Date** _____
(Parent or Guardian)

I hereby give permission for my child to participate in all field trips and other activities. I understand that if my child is under 4 years of age I must provide a car seat for my child for the field trips. If my child is over 4 years of age, I understand that I must provide a booster seat for the field trips.

Signed _____ **Date** _____
(Parent or Guardian)

Person to be notified in case of an emergency when parent/guardian cannot be reached:

Name _____ Phone # _____

Address _____
Street City Zip

Relationship to Child _____

Signed _____ **Date** _____
(Parent or Guardian)

I have had an opportunity to review the policies of this preschool and a summary of the Wisconsin Rules for Licensing Child Care Centers.

Signed _____ **Date** _____
(Parent or Guardian)

Child's Ethnicity: Please put a check mark by one of the following:

_____ American Indian _____ Asian Pacific Islander _____ Black/Non-Hispanic _____ Hispanic _____ White