

Registrar Use Only: Date Received \_\_\_\_\_ Year \_\_\_\_\_ Member Status \_\_\_\_\_ Class \_\_\_\_\_

REDMOND PARENT COOPERATIVE PRESCHOOL  
P.O. Box 2324, Redmond, WA 98073  
425-885-2888

Enrollment Fee   
Check # \_\_\_\_\_  
Tuition   
Check # \_\_\_\_\_

### Enrollment Form

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
first last

Birthdate \_\_\_\_\_ Child must be 3 or 4 by August 31. Parent Email \_\_\_\_\_

*(Please list the primary parent working in the classroom as Parent/Guardian I)*

Parent/Guardian I: \_\_\_\_\_ Occupation \_\_\_\_\_  
first last

Address \_\_\_\_\_  
street city zip

Parent/Guardian II: \_\_\_\_\_ Occupation \_\_\_\_\_  
first last

Address \_\_\_\_\_  
street city zip

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mom or Dad  
Pager/Cell: Mom (\_\_\_\_) \_\_\_\_\_ Dad (\_\_\_\_) \_\_\_\_\_

Indicate with a 1 and 2 your first and second choice of class.

|       |                   |       |               |
|-------|-------------------|-------|---------------|
|       | Mon., Tues., Wed. |       | Thurs. & Fri. |
| _____ | 4's 9 - 11:30     | _____ | 3's 9 - 11:30 |
| _____ | 4's 12 - 2:30     | _____ | 3's 12 - 2:30 |

Child's Doctor \_\_\_\_\_ Doctor's Telephone (\_\_\_\_) \_\_\_\_\_  
Doctor's Address \_\_\_\_\_

In case of emergency, when unable to reach a parent, call (give two local emergency numbers & an out of state contact):

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Local contact name telephone Local contact name telephone

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Non-local contact name telephone

Has your child had any serious accidents or illnesses? (age)

\_\_\_\_\_ Any medical conditions/problems that we need to know about?  
\_\_\_\_\_

\_\_\_\_\_ Any allergies to food, medicine, or other substances?  
\_\_\_\_\_

\_\_\_\_\_ Are there other children in the family? Please list names and ages  
\_\_\_\_\_

Acceptance into the program is subject to review of the Redmond Parent Cooperative Board of Directors. Payment of the enrollment fee to Redmond Parent Cooperative Preschool enrolls your child in the program providing space availability. The enrollment fee is **non-refundable**. All items in the enrollment packet must be completed and returned before you and your child may start school.

Signed \_\_\_\_\_ date \_\_\_\_\_



