

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 _____

