

Membership Application for the Cooperative Preschool of Bay Village

Class Desired: 3AM _____ 3PM _____ 4AM _____ 4PM _____

Child's Name _____

Date of Birth _____ Registration Date _____

Street Address _____

City _____ Zip code _____

Home Telephone _____ E-mail: _____

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Do both parents live in the same home as the child? Yes _____ No _____

Are you registering multiple children from the same family? Yes _____ No _____

Have you been a member of our preschool before? Yes _____ No _____

If so, please list the names of previous attendees:

How did you hear about our school? _____

Would you be interested or available to car pool? Yes _____ No _____

Are you looking to swap sibling childcare on your helper days? Yes _____ No _____

If there is any special information on your child to be considered with this application,
please feel free to use the reverse side of this form.

Return this application with the \$50.00 nonrefundable registration fee (per family) to the
Registrar. **Please make checks payable to the Cooperative Preschool of Bay Village.**

(Racially, Sexually and Religiously Non-Discriminatory)

Office Use Only

_____ *Registration fee paid*

_____ *Wait List*

_____ *Current Member*

First Tuition Received \$\$ _____

_____ *First tuition Amount Paid*

_____ *Summer Packet Sent*

_____ *Hospitality Contact =*