

Greenhills Cooperative Preschool—Registration Form

Date received _____ Amount received _____ Check # _____

					Date of admission		
Child's Name	First	Middle	Last		Male	Female	
Name to be use	ed at school				Date of Birth _		
Address					Zip Code _		
Home Phone _		Cell Phone		E-mail _			
Enrollment for:	3s 4s	3s/4s Combo	PreK	PreK Frida	ys		
Father's Name	First	Last	Occ	cupation			
Mother's Name	First	Last	Oc	cupation			
Father's Soc. S	ec.#		Mother's Soc	c. Sec. #			
How did you he I agree to have request to any	ear about the schoo my name, address parent whose child	who have attended Groot? and phone number in is enrolled in my child'	cluded on my o	child's roster w r solicitation)		le available upon	
		retary for your child's c in. Yes No		olves coordinat	ting parent helpe	er schedules and	
Would you like	to be a member of	the Executive Board?	Yes	No	_		
Please write ar	y group experience	e that your child has ha	d				
List any health	problems or allergi	es your child has (indic	ate none if app	olicable)			
Does your child	I have any fears tha	at the teacher should k	now about?				
Which holidays	do you celebrate a	as a family?					
Tell us anything	g that will make you	ır child's experience me	ore 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 \$70 non-refundable registration fee, per family, 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.