

## Greenhills Cooperative Preschool—Registration Form

Date received \_

Amount received \_\_\_\_\_

Child's Name First Middle Last Date of Birth Address Date of Birth Date of Birth Date of Birth Date of Birth Sirth Shame First Cell Phone E-mail Enrollment for: 3s 4s 3s/4s Combo PreK Father's Name Coccupation First Last Occupation First Last Mother's Name First Last Occupation First Last Father's Soc. Sec. # Mother's Soc. Sec. # Mother's Soc. Sec. # Mother's Soc. Sec. # Date of Birth Date o						Check #		
Name to be used at school	HOO					Date of admission		
Name to be used at school	Child's Name _	Final	NA: al all a	1 -	-1	Male	Female	
Address Cell Phone E-mail		FIRST	Middle	La	St			
Home Phone	Name to be use	ed at school				Date of Birth _		
Enrollment for: 3s 4s 3s/4s Combo PreK PreK Occupation First	Address					Zip Code _		
Father's Name First Last  Mother's Name Mother's Name Noccupation First Last  Father's Soc. Sec. # Mother's Soc. Sec. # Mother's Soc. Sec. # Noccipation Nother's Soc. Sec. # Noccipation Noccip	Home Phone _		Cell Phone		E-mail			
First Last  Mother's Name Occupation	Enrollment for:	3s 4s _	3s/4s Combo	PreK _				
Mother's Name	Father's Name	Firet	Loot		Occupation			
First Last  Father's Soc. Sec. # Mother's Soc. Sec. #								
Names and ages of other children	Mother's Name	First	Last		Occupation			
(Please circle the names of those who have attended Greenhills Co-op.)  How did you hear about the school?  I agree to have my name, address and phone number included on my child's roster which will be made available request to any parent whose child is enrolled in my child's class. (not for solicitation)  Yes No Signature Date  Would you like to be the class secretary for your child's class? This involves coordinating parent helper schedules creating an emergency phone chain. Yes No  Would you like to be a member of the Executive Board? Yes No  Please write any group experience that your child has had.  List any health problems or allergies your child has (indicate none if applicable).  Does your child have any fears that the teacher should know about?  Which holidays do you celebrate as a family?	Father's Soc. S			_ Mother's	Soc. Sec. #			
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Which holidays do you celebrate as a family?	List any health	problems or aller	gies your child has (indi	icate none if	applicable)			
	Does your child	I have any fears t	hat the teacher should	know about?				
Tell us anything that will make your child's experience more enjoyable.	Which holidays	do you celebrate	as a family?					
	Tell us anything	g that will make yo	our child's experience m	nore enjoyab	le			

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.