Independence Co-op Preschool Registration Form

***School Year 2018-2019***

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nickname (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Home □Cell**

**Alternate Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Home □Cell**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sibling name(s) and age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class Selection:**

**\_\_\_\_\_\_ 3 Year-Old Thursday/ Friday AM Class (9:00-11:00) with Mrs. Lozar**

**\_\_\_\_\_\_ 3 Year-Old Thursday/ Friday PM Class (12:00-2:00) with Mrs. Lozar**

**\_\_\_\_\_\_ 4 Year-Old Mon./Tues./Wed. AM Class (8:45-11:15) with Mrs. Lozar**

**\_\_\_\_\_\_ 4 Year-Old Mon./Tues./Wed. PM Class (12:00-2:30) with Mrs. Lozar**

**Please note any medical conditions/concerns your child may have (i.e.: peanut allergy):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any special crafts or skills you would be willing to share with the children:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about our program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who referred you to our program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I am enclosing a check/money order made payable to Independence Co-op Preschool for $50.00. The date of the check/money order is the official date my child’s name is entered on the school enrollment. This fee is NON-REFUNDABLE. Please make all checks payable to Independence Co-op Preschool. Mail to: Independence Co-op Preschool, ATTN: Registrar, 7121 Valley View Drive, Independence, Ohio 44131.*

***Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Office Use Only:* 🞎 *Current Family* 🞎 *Independence Resident* 🞎 *Alumni* 🞎 *Open Registration*

*Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## Independence Co-op Preschool

## SESSIONS AND TUITION

***School Year 2018-2019***

 **Nine Equal**

# Age Classes Class Times Installments of:

3 Thursday/Friday AM 9:00 a.m. - 11:00 a.m. $115

3 Thursday/Friday PM 12:00 p.m. - 2:00 p.m. $115

4 Monday/Tuesday/Wednesday AM 8:45 a.m. - 11:15 a.m. $135

4 Monday/Tuesday/Wednesday PM 12:00 p.m. - 2:30 p.m. $135

**🡪**

**OVER PLEASE!**

## OUR PHILOSOPHY

We are available to all children who will benefit from our program regardless of race, color, national or ethnic origin. Our school is a tax exempt, non-profit organization. We operate with a qualified and trained staff with the direction of a board of parents. This school is licensed under the House Bill 435, Child Day Care Licensing Law.

## OUR FACILITY

Our school is located at 7121 Valley View Drive and is staffed with qualified and experienced teachers. We offer well-equipped classrooms for readiness skills, large and small muscle development, art, music, and nature study as well as games, toys, crafts, books and cooking. Field trips, scheduled throughout the school session, are interwoven with the curriculum.

## ELIGIBILTY

The school offers two programs: a 3-year-old program and a 4-year-old program. Children enrolled in the 3- or 4-year old programs must be the age of the desired program by **July 31, 2018**. All children must be toilet trained - no pull-ups please. Each child must have a complete medical form, including a current physical examination, chart of child’s immunizations and emergency consent forms.

**PARENTAL RESPONSIBILITIES**

The nature and benefit of our preschool is the cooperation through learning of the entire family, our school and community. We ask parents to be actively involved and enjoy this wonderful, hands-on experience with their child. Parents are to provide or arrange for their child’s transportation. Parents help in the classroom on a rotating basis, assisting the teacher and providing snacks and/or beverage. Parents are counted on or relied on to support fundraisers and attend two parent meetings. Each family participates on a committee or holds a board position. Each family cleans a classroom a minimum of one time each year.