

**Park City Cooperative Preschool**  
**Registration for the 2018-2019 School Year (RETURNING STUDENT)**

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male Female

Please note: Your child must be four years old by September 1, 2018\* to be eligible for the 4 year old class. \*Exceptions may be made, on a case-by-case basis, for early fall birthdays no later than October 15, 2018 with teacher approval and one year of the program already completed.

We are registering for the following class:

\_\_\_\_\_ M/W 3 year old class or \_\_\_\_\_ T/TH 3 year old class

\_\_\_\_\_ M/W/F 4 year old class or \_\_\_\_\_ T/TH/F 4 year old class

Parents' Names (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Email: \_\_\_\_\_

In Case of Emergency Contact Information (please list two):

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known Allergies/Health Concerns: \_\_\_\_\_

As a member of the Park City Cooperative Preschool, I agree to the following:

- To spend one day in the class each month, per each child enrolled (9 days for 3/4 yo class and 10 days for 4/5yo class.)
- To pay the monthly tuition on the 1st of each month, whether or not my child is able to attend every day.
- To keep my child home if there are symptoms of a communicable illness.
- To serve on at least two parent committees.
- To attend mandatory parent meetings.
- To participate fully in fundraising activities.

I recognize that this school is a cooperative school, founded on shared responsibilities. I agree with PCCP's mission to create a community where children thrive and families support each other. As a member of the Park City Cooperative Preschool Program, I will embrace this philosophy and participate fully in all of my Co-Op responsibilities.

I understand that failure to comply with any of the above requirements may result in the loss of my child's enrollment at the Park City Cooperative Preschool. I also understand that all registration fees and security deposits are non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_