

Kirkland Cooperative Preschool Registration Form

Student Information

| | | | |
|----------------------|--------------------|---------------------|---------------|
| Child's Last Name | Child's First Name | Child's Middle Name | Also known as |
| Birthdate (mm/dd/yy) | Gender (M/F) | Home language | |

Primary Household Information

| | | |
|--|---------------------------------|--|
| Street | Apt # | Who will work in the classroom? |
| City | State | Zip |
| | | Marital status (circle) M S D W |
| Primary Parent/Guardian (who will work at school) | | |
| Last Name _____ | <input type="checkbox"/> Mother | Phone: (_____) _____ |
| First Name _____ | <input type="checkbox"/> Father | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Occupation _____ | <input type="checkbox"/> Other | Email Address: _____ |
| How well does the Primary Parent/Guardian speak English? <input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very well <input type="checkbox"/> Native | | Languages spoken (other than English) |
| Secondary Parent/Guardian | | |
| Last Name _____ | <input type="checkbox"/> Mother | Phone: (_____) _____ |
| First Name _____ | <input type="checkbox"/> Father | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other |
| Occupation _____ | <input type="checkbox"/> Other | Email Address: _____ (if you want to receive school emails) |
| Local Emergency Contact (not listed above) | | |
| Name | City | Phone: (_____) _____ |

To help parents provide educational experiences for their preschool children and themselves by cooperative effort, I agree to the following:

- To pay a **non-refundable** enrollment fee of \$130.00.
- To pay a monthly tuition of \$100 / \$140 / \$175 for running expenses whether my child is able to attend every day or not.
- To pay a fee of approximately \$30.00 to cover insurance fees (around October).
- To keep my child home if there are signs of a cold or other communicable disease.
- To spend one session each week assisting in supervision of children at preschool.
- To exchange days with another enrolled parent in case I am unable to get to preschool on my workday.
- To attend monthly evening meetings to discuss preschool business and principles and techniques of parenting.
- To serve on a committee necessary for the operation of the preschool.
- To clean the classrooms in preparation for church use approximately 2-3 times during the school year.
- To assist in packing or unpacking school equipment and supplies at the beginning or end of the school year.
- To participate in at least one fundraising project during the year and/or to donate \$25.00 to the preschool equipment fund.

Signed _____ Date _____

Mail your registration form and enrollment fee (payable to Kirkland Co-op Preschool to:

Registrar: Dawn Dolobowsky Address: 7847 NE 125th Street, Kirkland, WA 98034

Your child is enrolled when the enrollment fee is paid. The enrollment fee is **non-refundable**.
If the class is full you will be notified, placed on a waiting list if you desire, and your check will be returned.

General Information

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|---|
| Has your child participated in a preschool before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ When? _____ |
| Have you participated before with another child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ When? _____ |
| How did you hear about Kirkland Cooperative Preschool? |

Physical History

| | |
|--|-----------------------|
| Child's Doctor (name) | Date of last check-up |
| Doctor address | Doctor phone number |
| Allergies | |
| Serious accidents, illnesses, operations (age) | |
| Speech, hearing, or vision impairments/difficulties: | |
| Toileting difficulties | |

Social Background

| |
|---|
| Does your child have siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No Names _____ Ages _____ |
| Other people living in the home (besides parents/siblings): |
| Special things we should know about your child: |
| Favorite <i>indoor</i> toys/activities: |
| Favorite <i>outdoor</i> toys/activities: |
| Previous group experience: |

Characteristic Behavior

| |
|---|
| Does your child tire easily? <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often When? _____ |
| Fears (history and manifestation): |
| Concerns about your child's behavior: |

Parent's Goals

| |
|--|
| What I hope to gain for my child at KCP: |
| What I hope to gain for myself at KCP: |
| Topic(s) I'd like to discuss at parent meetings: |