Group _____

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)	☐ Mother ☐ Father ☐ Other _____	Phone: (_____) _____ ☐ Home ☐ Cell ☐ Work ☐ Other
Last Name _____		
First Name _____		Email Address: _____
Occupation _____		
How well does the Primary Parent/Guardian speak English? ☐ Not at all ☐ Not well ☐ Well ☐ Very well ☐ Native		Languages spoken (other than English)
Secondary Parent/Guardian	☐ Mother ☐ Father ☐ Other _____	Phone: (_____) _____ ☐ Home ☐ Cell ☐ Work ☐ Other
Last Name _____		
First Name _____		Email Address: _____ (if you want to receive school emails)
Occupation _____		

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: Stacy Duffy Address: 12002 NE 68th Place, Kirkland, WA 98033

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

Has your child participated in a preschool before? ☐ Yes ☐ No If yes, where? _____ When? _____
Have you participated before with another child? ☐ Yes ☐ 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? ☐ Yes ☐ No Names _____ Ages _____
Other people living in the home (besides parents/siblings):
Special things we should know about your child:
Favorite *indoor* toys/activities:
Favorite *outdoor* toys/activities:
Previous group experience:

Characteristic Behavior

Does your child tire easily? ☐ Rarely ☐ Sometimes ☐ 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: