

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 _____ First Name _____ Occupation _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Phone: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <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 _____ First Name _____ Occupation _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Phone: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <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 \$115 / \$160 / \$200 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: 22728 41st Drive SE, Bothell, WA 98021

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? <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: