

Mt. Tabor Cooperative Preschool

ENROLLMENT APPLICATION

Child's Name: _____
(first) (middle) (last)

Date of Birth: _____ Sex: (circle one) M F
(month) (day) (year)

Address: _____

Home Phone: _____ Fax: _____

E-mail: _____

Mother's Name: _____

Father's Name: _____

I wish to enroll my child in:

- SENIOR CLASS** for children age 4 by September 1st of the school year.
Meets Monday, Wednesday, Friday mornings, 9:30 a.m. to 12:00 p.m.
- JUNIOR CLASS** for children age 3 by September 1st of the school year.
Meets Tuesday and Thursday mornings, 9:30 a.m. to 11:45 a.m.

Is your child currently enrolled at Mt. Tabor Preschool or has another child in your family attended Mt. Tabor Preschool?

NO YES _____
(Child's name) (Year attended)

Would you like to receive an application for financial aid? YES NO

AGREEMENT OF PARTICIPATION

I understand that as members of Mt. Tabor Cooperative Preschool, our family is required to:

- Participate in all fundraising projects and meet the minimum portion of the fundraising budget allotted to each family
- Parent-help in the classroom
- Carry out the duties of the "preschool job" assigned to our family
- Attend monthly General Membership Meetings (unless excused)
- Meet financial obligations on time
- Participate in school programs and events, including scheduled clean-ups
- Comply with the by-laws of Mt. Tabor Cooperative Preschool

(Signature)

(Relationship to Child)

(Date)

This enrollment application cannot be accepted unless it is accompanied by the registration fee of \$35.
The registration fee is nonrefundable. Please make checks payable to Mt. Tabor Preschool.

Mail applications to:
Mt. Tabor Preschool
5441 SE Belmont St.