ENROLLMENT FORM

_____

Child's Last Name First Name

_____ Boy / Girl _____

Date of Birth Name to be used in school

_____ _____

Father's Name Father's Phone Number

_____ _____

Mother's Name Mother's Phone Number

_____

Street Address City Zip Code

I agree to:
1. Participate 6 days as a classroom helper.
2. Pay the registration fee of $40.00 to guarantee enrollment
3. Pay tuition of $125.00 per month- due first class day.

Child's Assignment for 20____ / 20____

_____Threes _____ Fours _____Fives AM or PM

_____ Spanish Club _____ Enrichment Mondays _____ Art Club

_____

Teacher Request (OPTIONAL- consideration will be given whenever possible)

_____

Parent Signature

Return form and registration fee to: Northminster Cooperative Pre-School
104 West Portage Trail Ext. W, CFO 44223

School use only ____/____/____ #_____ $_____