

****CLASS SCHEDULE SUBJECT TO
CHANGE BASED ON ENROLLMENT****

STUDENT'S NAME _____ GIRL _____ BOY _____

STUDENT'S PREFERRED NAME _____ BIRTH DATE _____

_____ 2-DAY CLASS (T/TH 9:15-11:45 AM) _____ 3-DAY CLASS (M/W/F 9:15-11:45 AM)

***MUST be 3 years old by 9/01/24**

***MUST be 4 years old by 9/01/24**

PARENT/ GUARDIAN INFORMATION

Primary PARENT/GUARDIAN NAME _____

RELATIONSHIP TO CHILD _____ EMAIL _____

PARENT/GUARDIAN ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Secondary PARENT/GUARDIAN NAME _____

RELATIONSHIP TO CHILD _____ EMAIL _____

PARENT/GUARDIAN ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Skills to share _____

Committee position choices (i.e. HC, C1) 1) _____ 2) _____ 3) _____

I am interested in learning more about a board position: _____

I would like to apply for the non-working option: _____

How did you hear about Northwest Co-op Preschool? _____

I acknowledge I have read the preschool guidelines on page 2 and will fulfill the following duties necessary to maintain membership in the Northwest Co-op Preschool:

1. Assist and engage in the classroom approximately every other week.
2. Attend 1 General Meeting per semester as well as new family orientation.
3. Perform assigned jobs.
4. Participate in fundraising.

PARENT/GUARDIAN SIGNATURE _____ DATE _____