



Registration Form

Date _____ New Family _____ Returning Family _____

Child's Name _____
First Middle Last

Child's Birthday _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Address _____
Street City Zip

Best contact phone # _____ E-mail _____

Child lives with (please circle): Both Parents Mother Father Other

Other Children: Name Date of Birth

How did you hear about us? _____

Have you belonged to another Co-op _____ If so, which one? _____

Please Check Selected Class: Children must meet minimum age by September 1st

_____ Sprouts (3 year olds) Monday & Thursday: 9:30-12:00pm \$125/month

_____ Twigs (4-5 year olds) Tuesday, Wednesday, Friday 9:30-12:30pm \$165/month

*extended day begins in October (Wed. 9:30-1:30pm) **times and days subject to change

- **New Families:** Please enclose a \$50 check for your registration fee along with the last month's tuition. Both fees are nonrefundable.

Returning Families: Please enclose a \$25 registration fee per family along with the last month's tuition and return to Membership Chair. Both fees are nonrefundable

All fees are nonrefundable.

- Make checks payable to **Geist Orchard Cooperative Preschool (GOCP)**. Feel free to call the membership chair at 317-762-GOCP or email geistorchard@gmail.com with questions.

Geist Orchard Cooperative Preschool does not discriminate against applicants and students on the basis of age, religion, race, color, ethnic or national origin, gender, sexual orientation, or disability.

GOCP Membership Chair: Date Received _____ Amount Paid _____