



## Registration Form

Date \_\_\_\_\_ New Family \_\_\_\_\_ Returning Family \_\_\_\_\_

Child's Name \_\_\_\_\_

First Middle Last \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father'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 1<sup>st</sup>**

\_\_\_\_\_ Sprouts (3 years old) Monday & Thursday: 9:30-12:30pm \$115/month

\_\_\_\_\_ Twigs (4-5 years old) Tues., Wed.\*, Fri: 9:30-12:30pm \$155/month

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

- **New Families:** Please enclose a \$50 nonrefundable check for your registration fee along with the first month's tuition.
- **Returning Families:** Please enclose a \$25 registration fee and return to Membership Chair.  
**Registration fees are nonrefundable.**

- Make checks payable to **Geist Orchard Cooperative Preschool (GOCP)**. Feel free to contact geistorchard@gmail.com with questions.

**Geist Orchard Cooperative Preschool** does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its education and admissions policies.

**GOCP Membership Chair: Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_**