

**Clarkston Co-op Preschool
REGISTRATION FORM**

(Please circle the class you are registering for)

**T,TH - AM
9:30 – 11:30**

3 year old program

**T,TH - PM
12:45 – 2:45**

**M,W,F - AM
9:00 – 11:30**

4 year old program

**M,W,F - PM
12:45 – 3:15**

CHILD'S NAME: _____ D/O/B: _____

ADDRESS: _____ CITY: _____

TELEPHONE NUMBER: _____ ZIP CODE: _____

MOTHER'S NAME: _____

ADDRESS: _____ CITY: _____

TELEPHONE NUMBER: _____ ZIP CODE: _____

MOTHER'S EMPLOYMENT: _____

TELEPHONE NUMBER AND HOURS: _____

FATHER'S NAME: _____

ADDRESS: _____ CITY: _____

TELEPHONE NUMBER: _____ ZIP CODE: _____

FATHER'S EMPLOYMENT: _____

TELEPHONE NUMBER AND HOURS: _____

PRIOR PRESCHOOL / NURSERY EXPERIENCE: _____

JOBS & OFFICES HELD WITHIN PRIOR PRESCHOOL: _____

OTHER SIBLING(S) & AGES: _____

E-MAIL ADDRESS: _____

Your \$50.00 (non-refundable) Registration Fee is due to hold your child's place on the roster. Please make the check payable to: CLARKSTON CO-OP PRESCHOOL.

RETURN FORMS & FEE TO:

Clarkston Co-op Preschool
6600 Waldon Road
Clarkston, MI 48346

Attn: 1st Vice President (please designate 2, 3 or 4 year program)