

Sibling Registration Application

Westside Cooperative Preschool

P.O. Box 12659, Olympia, WA 98508-2659

202 Delphi Road SW

(360) 866-7383

Child's Name: _____ Class: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____ E-mail Address: _____

Child's Age: _____ Date of Birth: _____ Male Female

Parent: _____ **Parent:** _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Additional parent information may be attached if needed.

Local Emergency contact: _____

Relation to Child: _____ Home phone: _____

Work Phone: _____ Cell Phone: _____

Out of State Emergency contact: _____

Relation to Child: _____ Home phone: _____

Work Phone: _____ Cell Phone: _____

Allergies, Health Issues & Restrictions (i.e. asthma, food/pet allergies, etc):

People authorized to pick up your child at school:

Name

Phone

1 _____

2 _____

3 _____

Westside Cooperative Preschool

Medical Authorization & Release

Child's Doctor /Medical Provider _____

Phone _____ Address _____

Medical Insurance Provider & Provider # _____

In the event of an emergency, if a parent is unavailable, I give my permission for my child to be treated by the best available means as determined by the supervisory personnel of the Westside Cooperative Preschool.

Signature _____ Date _____

Relation to child _____ Allergies? _____

Field Trip Permission: My child has my permission to go on class field trips.

Signature _____ Date _____

Permission to Photograph

I give permission for my child to be photographed and/or videotaped in scheduled preschool activities. Such photographs and videos may be used by the co-op for publicity or educational purposes as indicated below:

	Permission Granted	Permission Declined
Use and share in the classroom and co-op newsletter		
Use for co-op and college promotion including web sites (children will not be named)		
Use for educational purposes (children's last names will not be used)		

Parent signature _____

Child's name _____

Westside Cooperative Preschool

Child's Name _____ Class _____

Parent Commitments Agreement

Please read and initial only commitments applicable to the class you are registering **this** child for, indicating your acceptance. Please refer to Membership Requirements and Tuition and Fee Schedule in your original registration packet for more detailed information. These requirements are in addition to the commitments agreed to in the original registration packet. The \$95 registration fee is for the whole family. You do not need to pay that fee for this child.

Our family agrees to:

Requirements for ALL classes

- _____ Pay tuition in a timely manner
- _____ Participate in fundraising efforts or pay fundraising buyout of \$300/family
- _____ Provide the Membership Chairperson with written notice of withdrawal 30 days prior to our expected termination date
- _____ Be on time when dropping our child off for class and when picking them up
- _____ Work an additional weekend cleanup of the classrooms and toy shed if needed

Requirements for Yellow, Orange and Red Classes only in addition to the above requirements for all classes

- _____ Parent help in our child's classroom at least 1-2 times/month for Yellow class and 2-3 times/month for Orange and Red class
- _____ Arrive 15 minutes before class begins when parent helping and stay after class finish clean-up
- _____ Attend scheduled Class Meetings and 2 All-School Meetings

I have read and understand the above financial and cooperative commitments required for membership in Westside Cooperative Preschool and I agree to fulfill them in addition to those I have committed to in the original registration packet.

Signature _____ Date _____

Westside Cooperative Preschool

Teacher's Questionnaire

Child's Name: _____

Class: _____

Nickname(s): _____

Birth Date: _____

E-mail address (optional) _____

What are your primary reasons for enrolling your child at WCP?

- 1) What do you see as your child's greatest strengths?

- 2) What are areas of challenge for your child?

- 3) What group activities has your child participated in?

- 4) Is your child potty trained? If not, describe your child's progress and/or needs in this area.

- 5) Are there other children at home? If so, what ages?

- 6) What talent, skill, or special something would you be willing to share with the children at school?
(Cooking, planets, music, rock/shell collections, dance/movement, storytelling, etc.)

- 7) Is there anything else you would like the teacher to know?

PLEASE RETURN THIS QUESTIONNAIRE AS SOON AS POSSIBLE. WE WILL FORWARD IT TO THE TEACHER. THANK YOU!