



Learn Through Play  
 400 Union, Bloomington, IL 61701 \* 309.829.3995  
 achildsvviewcooperativepreschool.com

School Use Only  
 School Year \_\_\_\_\_  
 Enrollment Date \_\_\_\_\_  
 Registration Fee \_\_\_\_\_  
 Monthly Tuition \_\_\_\_\_

**CLASS SELECTION**

**3 year olds (3 by September 1)**

- Tuesday, Thursday 8:45 to 11:15
- Monday, Wednesday, Friday 8:45 to 11:15

**4 year olds (4 by September 1)**

- Monday, Wednesday, Friday 8:30 to 11:15       Optional Tuesday 8:30-11:15
- Monday, Tuesday, Wednesday, Thursday 12:15 to 3:00

**CHILD INFORMATION**

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip  
 Date of Birth \_\_\_\_\_ Age ( \_\_\_\_\_ Years \_\_\_\_\_ Months) Gender M/F  
 Sibling Names/Birthdates \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City State Zip

**PARENT/LEGAL GUARDIAN INFORMATION**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City State Zip

How did you hear about the school? \_\_\_\_\_

As a Cooperative Preschool, parent participation is vital. Would you be interested in more information about serving on the Parent Board? Y / N

Name of Student: \_\_\_\_\_

Class: 3s T/Th

4s M/W/F am

Date of Birth: \_\_\_\_\_

3s M/W/F

Optional Tuesday am

Home Address: \_\_\_\_\_

4s M/TW/Th pm

Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please list contact numbers for parents and any other persons to be contacted if parents cannot be reached.*

Name	Address	Phone	Alternate Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPROVED TRANSPORTATION PROVIDERS**

Name	Address	Phone	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MEDICAL INFORMATION**

Name of Physician/Medical Group: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Known Allergies & Reactions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If none of the designated parties can be reached, I/We authorize A Child's View Cooperative Preschool to secure EMERGENCY medical care for my child. I/We accept responsibility for the emergency medical charges upon receipt of the statement.

I/We prefer my child to be transported to \_\_\_\_\_ hospital.

\_\_\_\_\_  
Parent/Legal Guardian Signature(s)

\_\_\_\_\_  
Date

**FIELDTRIP PERMISSION SLIP**

\_\_\_\_\_ has my permission to go on field trips with the preschool.

Child's Name

\_\_\_\_\_  
Parent/Legal Guardian signature(s)

\_\_\_\_\_  
Date

**PHOTO CONSENT**

My child, \_\_\_\_\_, has permission to be photographed while attending A Child's View Cooperative Preschool. The photograph may be used for display at school-related meetings, publications, or publicity for the school. This consent releases from liability all personnel of the school, and any others who have received permission by the staff to take photos at the school or school-related activities.

**CHILD TRANSPORTATION CONSENT**

I, \_\_\_\_\_, give my permission for the following people to transport my child, \_\_\_\_\_, to and from A Child's View Cooperative Preschool for the school year \_\_\_\_\_.

*To protect the safety of your child, please list the people to whom we may release your child for transportation from school.*

Name	Address	Phone	Relationship

\_\_\_\_\_  
Parent/Legal Guardian signature(s)

\_\_\_\_\_  
Date

**CLASS LISTING CONSENT**

To enhance greater communication among all parents and families at A Child's View Cooperative Preschool, we have historically provided each family a listing of student names, addresses and phone numbers. This listing will be used for purposes of communication and information distribution.

\_\_\_\_\_ Yes, I want this information made available.

\_\_\_\_\_ Address only, please.

\_\_\_\_\_ I would like to list my email address \_\_\_\_\_

E-mail address

\_\_\_\_\_  
Parent/ Legal Guardian signature(s)