

# A Child's View Cooperative Preschool

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Bloomington, IL 61701

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## ENROLLMENT APPLICATION

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

### 3's (3 by September 1)

\_\_\_\_\_ Tues / Thur, 8:45 to 11:15, OR

\_\_\_\_\_ Mon / Wed / Fri, 8:45 to 11:15

### 4am (4 by September 1)

\_\_\_\_\_ Mon / Wed / Fri, 8:30-11:15

\_\_\_\_\_ Optional Tuesday 8:30-11:15

### 4pm (4 by September 1)

\_\_\_\_\_ Mon / Tu / Wed / Th, 12:15 to 3:00

## CHILD INFORMATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Age ( \_\_\_\_\_ Years \_\_\_\_\_ Months) Gender M F (Circle one)

Name, Age and birth  
date of any siblings \_\_\_\_\_

## PARENT or LEGAL GUARDIAN INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City State Zip

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**As a Cooperative Preschool, parent participation is vital. Would you be interested in serving on the Parent's Board? Y / N Position \_\_\_\_\_**