

# McKinley Cooperative Preschool, Inc.

## Enrollment Application

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_\_\_ Sex: M F

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Wk/Cell:( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Wk/Cell:( ) \_\_\_\_\_

Sibling's Names and Birth dates: \_\_\_\_\_

Have you ever been a member of a cooperative preschool? Y N

If Yes, Name and Location: \_\_\_\_\_

How did you hear about McKinley? Friend/Relative Flyer Web Other: \_\_\_\_\_

Do you have any talents or skills that could be utilized by the preschool?

Please Describe: \_\_\_\_\_

**Please indicate the session you prefer below. REGISTRATION FEES MUST ACCOMPANY ALL APPLICATIONS AND ARE NON-REFUNDABLE.** Make check or money order payable to: McKinley Cooperative Preschool. (No cash accepted.) This registration fee entitles you to our preschool membership, Greater Detroit Cooperative Nursery Council (GNCNC) membership, and nursery liability insurance once enrollment is accepted and complete.

_____ TOT	\$35	9:30 AM – 11 AM	FRIDAY
_____ 3 YR AM	\$35	9:15 AM – 11:15 AM	TUES/THURS
_____ 3 YR PM	\$35	12:30 PM – 2:30 PM	TUES/THURS
_____ 4 YR AM	\$35	9:15 AM – 11:15 AM	MON/WED
_____ 4 YR PM	\$35	12:30 PM – 2:30 PM	MON/WED

The toddler program requires the parent to stay with the child during class. All children in the tots, 3 and 4 year programs must have birth dates by **December 1**.

Please return this completed application along with your registration fee to the Membership Chairperson: **Mandy Pianga 720 N. Byfield, Westland, MI 48185**

Questions? Call 734-729-1937

***Thank you for considering McKinley Cooperative Preschool for your child's early educational development and enjoyment!***