

# McKinley Cooperative Preschool, Inc.

## Enrollment Application

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

Child's First & Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

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

Mother's E-mail \_\_\_\_\_ Father's E-mail \_\_\_\_\_

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

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

Names and Birth dates of Sibling's Under Age 4: \_\_\_\_\_

Are you a previous member of McKinley Coop? Y/N Dates Attended/Jobs held \_\_\_\_\_ List any other cooperative preschool(s) that you have been a member of: \_\_\_\_\_ Jobs Held \_\_\_\_\_

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

Do you/or other family members have any talents or skills that could be utilized by the preschool? Please describe: \_\_\_\_\_

**Please indicate the session you prefer below. 2017-2018 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 and nursery liability insurance once enrollment is accepted and complete.

_____ TOTS	\$35	9:30 AM – 10:30 AM	TUES/THURS
_____ 3 YR	\$35	11:00 AM – 1:30 PM	TUES/THURS
_____ 4 YR	\$35	9:30 AM – 12:30 PM	MON/WED/FRI

\_\_\_\_\_ I am interested in the Working Parent slot for an additional \$25/mo. for every month of the school year. (These are assigned on a first-come, first-serve basis, one per class.)

The toddler program requires the parent to stay with the child during class.  
Children must have birth dates by **September 1<sup>st</sup>**

Please return this completed application along with your registration fee to:

McKinley Cooperative Preschool  
ATTN: Registration  
555 S. Wayne Rd  
Westland, MI 48186

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

Office use only: \_\_\_\_\_ Keep until: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Check# \_\_\_\_\_ Amount\$ \_\_\_\_\_ Session Start Date \_\_\_\_\_