

# GARDINER SNOOPY COOPERATIVE PRESCHOOL REGISTRATION

Child's Full Name:		Enrollment Date:	
Date of Birth:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Helping Parent <input type="checkbox"/> Non-Helping Parent <input type="checkbox"/>	Days Enrolled:	Payment Plan : A B C (circle one)	
Mother's Name:	Home/Cell Number:	Email:	
<small>Street/PO BOX</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Address:			
Place of Employment:	Work Phone:		
<small>Street/PO BOX</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Work Address:			
Father's Name:	Home/Cell Number:	Email:	
<small>Street/PO BOX</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Address:			
Place of Employment:	Work Phone:		
<small>Street/PO BOX</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Work Address:			

***EMERGENCY CONTACT INFORMATION*** (other than parents)

Name:			
<small>Street/PO</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Address:			
Home Phone #:		Work Phone #:	

Family Physician:	Child's Dentist:
Physician Phone #:	Dentist Phone #:
Allergies:	

People authorized to pick up your child after preschool:	
Name:	Phone #:
Name:	Phone #: