



Inglemoor Cooperative Preschool

REGISTRATION FORM

School Year 20__ to 20__

Please complete the following information (note there are two pages).

Class you are enrolling in (circle one): **Toddler** **Pre 3** **3-4** **Pre-K** **5's**

Participating Parent's Name

Date of birth (optional)

Child's Name M or F (circle one)

Date of birth (required)

Mailing Address

(_____) _____
Home Phone

(_____) _____
Cell phone

Email

Names to be used at school if different from above:

Parent

Child

Parent's current occupation

Former occupation (before children)

Employer

(_____) _____
Work phone

Special interests, hobbies

Spouse's name

Spouse's occupation

Employer

(_____) _____
Work phone

Special interests, hobbies

Other family members (please include sibling's ages)

Does your child have any medical conditions we should be aware of, such as life-threatening allergies?

Do you have any other concerns or fears about your child participating in this school?

What are the goals for you and your child in our school?

Do you have any skills or other talents you'd like to share with the children in your class (i.e. art, music, dance)?

If you are new to ICP, how did you hear about our school? If someone referred you, please indicate the name.

Are you currently certified in child CPR or child First Aid? If so, what is the expiration date?
