



**McKinley Cooperative
Preschool**

Application & Registration

GENERAL INFORMATION:

Childs Name:

Date of Birth: ____/____/____

Goes By: _____

Boy: ____ Girl: ____

Childs Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number and email to be contacted at about child:

Phone #: (____) _____

Email Address: _____

Preferred Method of Contact:

Phone Call: _____ Text Message: _____ Email: _____

FAMILY INFORMATION:

Mom's Name:

Occupation:

Home Address (If different from child's): _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____

Email Address: _____

Dad's Name:

Occupation:

Home Address (If different from child's): _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____

Email Address: _____

Other People in the household (e.g. Brother, Sister, etc....)

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Please list any Allergies (including food) and Reactions:

Are there any concerns of:

_____ Hearing Loss or Difficulties: _____

_____ Vision Difficulties: _____

_____ Speech Difficulties: _____

Any other Concerns you would like us to be aware of:

A \$50.00 Registration Fee is due to ensure that your child(s) seat is saved for the school year.

This Registration fee is **nonrefundable**. I _____
(Please Print Name) understand that if I choose to no longer stay with McKinley Cooperative Preschool, or if the School year is canceled due to Government restrictions, that **the registration fee will not be returned**.

Signature: _____

Date: _____