

CHRISTIAN COOPERATIVE PRESCHOOL  
6 Salem Street  
Reading MA 01867  
781-944-0612

APPLICATION FOR ENROLLMENT FOR SEPTEMBER 2018

**\*AFTERNOON PRE-KINDERGARTEN CLASS ONLY**

Child's name \_\_\_\_\_ Primary language \_\_\_\_\_

Birth date \_\_\_\_\_ Place of birth \_\_\_\_\_

Parent information:

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

home address \_\_\_\_\_ home address \_\_\_\_\_

home phone \_\_\_\_\_ home phone \_\_\_\_\_

occupation \_\_\_\_\_ occupation \_\_\_\_\_

work phone \_\_\_\_\_ work phone \_\_\_\_\_

cell phone \_\_\_\_\_ cell phone \_\_\_\_\_

email address \_\_\_\_\_ email address \_\_\_\_\_

Others in family (household) / and their relationship to child. For siblings please indicate birth dates:

\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_

Does your child have any allergies that require an epi pen? \_\_\_\_\_

Child must be 4 on or before August 31st.

4yr/5yr class \_\_\_\_\_  
(age 4yr – 5yr) M-Th afternoon class

Signature \_\_\_\_\_

Date \_\_\_\_\_