



## APPLICATION for 2015-16

PLEASE INDICATE YOUR CHOICE:

- \_\_\_\_\_ Three Year Old Class  
\_\_\_\_\_ Four Year Old Class  
\_\_\_\_\_ Four Plus Class (Must be 5 by March 1, 2016)

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

\_\_\_\_\_ **Email Address** \_\_\_\_\_

Does your child have any handicaps, food allergies, or special problems?

\_\_\_\_\_  
\_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Business/cell phone** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Business/cell phone** \_\_\_\_\_

**Presently Employed?** \_\_\_\_\_

**Will you be participating?** \_\_\_\_\_ **If so, what days are most convenient for participating?** \_\_\_\_\_

**Special interests or training to share with group?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List names and ages of other children in the family:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are you:** \_\_\_\_\_ **Currently Enrolled** \_\_\_\_\_ **Attending Mother's Day Out** \_\_\_\_\_ **Alumni**

**Were you referred to the Co-Op by someone? If so, who?** \_\_\_\_\_

**If not, please tell us how you heard about the Orchard Park Co-Op** \_\_\_\_\_

**Please return to the school in the designated drop box in the foyer or send this application with your check for \$45 (non-refundable Application Fee) to:**

**Orchard Park Cooperative Preschool  
P.O. Box 228  
Orchard Park, NY 14127-0228  
Attn: Registration**

Registration Chairperson: Marie Thornton      716-508-4411      [www.opcoop.com](http://www.opcoop.com)