



Orchard Park Co-op Preschool

# APPLICATION FOR 2017-2018

PLEASE INDICATE YOUR CHOICE

3 year old class:  Mon/Wed **OR**  Tues/Thurs

4 year old class:  Mon/Wed/Fri

4 plus class:  Mon - Fri

Date of Application: \_\_\_\_\_

Are you:  Currently Enrolled  Currently attending Mother's Day Out  Alumni

## Child's Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child have any food allergies, disabilities, or other special needs?  Yes  No

If yes, please list/explain: \_\_\_\_\_

## Parent/Guardian Information

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

Will you be participating?  Yes  No If yes, which days are most convenient? \_\_\_\_\_

Special interests or abilities to share with the group? \_\_\_\_\_

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

Were you referred to the Co-Op by someone?  Yes  No

If Yes, who? \_\_\_\_\_

If No, please tell us how you heard about the Co-Op: \_\_\_\_\_

Will you attend UPK if offered a spot for the 2017-2018 school year?  Yes  No

**Return this application to the drop box in the school foyer or send to the address listed at the right. Please remember to include your check for the *non-refundable* application fee of \$45.00 in order to reserve your child's space.**

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