



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**