

Comstock Co-operative Preschool

Registration Form - 4's

Child's Name:

Mother's Name:

Father's Name:

Address:

Phone Number (Home):

(Work):

(Cell):

(E-mail):

Child's Present Age:

Birthdate:

Name child goes by:

Emergency Contact:

Phone Number:

The four year olds meet Mondays, Wednesdays and Fridays. The morning class is 9:00-11:30 a.m. The afternoon class is 12:30-3:00 p.m. (Note - PM Class is available only when enrollment allows)

Please indicate your choice of session: A.M. / P.M.

How did you hear about the Co-op?

Date:

Signature: