



APPLICATION FOR ENROLLMENT

All information must be completed and accompanied with the REGISTRATION FEE OF \$75.00 per child. **This fee will only be refunded if the school does NOT accept your child.**

Make check payment payable to : Three Rivers Co-Operative Preschool

Applications can be dropped in our secure lock box located next to the double glass doors near the flagpole.

Child's Name: _____

Name to be used at preschool: _____ Male : _____ Female: _____

Address: _____ City: _____ Zip: _____

Email Address Please print legibly:

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Child's Date of Birth: _____ Child's Age as of Sept. 1st of the upcoming school year _____

We require children to have all immunizations which are recommended by the CDC for their age.

Is your child up-to-date on his/her immunizations? _____

Check all that are applicable: _____ Currently or previously enrolled at Three Rivers Co-Op Preschool

_____ Current member of Faith Fellowship Church

Please rank the class session you most prefer: First preference mark 1, 2, 3 etc.

Thursday and Friday Classes

_____ A.M. 2 Day Class. 9:00-11:30 a.m.

\$130 per month

_____ P.M. 2 Day Class 12:00-2:15 p.m.

\$120 per month

Monday, Tuesday, & Wednesday Classes

_____ A.M. 3 Day Class 9:00-11:30 a.m.

\$170 per month

_____ P.M. 3 Day Class 12:00-2:15 p.m.

\$160 per month

_____ All Day Class 9:00 a.m. - 2:15 p.m.

\$360 per month

5 Days Options are Available

_____ Inquire within for more information.

We are Open to Additional Options.

Please do not hesitate to ask.