

Registration for 2017-2018 School Year

First & Last Name of Student(s)* _____
(One form per child, unless entering siblings in the lottery for the same class.)

Child's birthday (month/day/year) _____

Enrolling in: 2 day class 3 day class 4 day class (circle choice)

Name of Mother and Father _____

Address (include town & zip if not in Tolland) _____

Father's Work Address: _____

Mother's Work Address: _____

Home Phone: _____ Email address _____

Cell phone (s): _____

Father's Work phone number: _____ Mother's Work phone number: _____

How did you hear about us? _____

I understand and agree to the level of involvement required to become a member of the Tolland Cooperative Preschool. I understand my obligations will include:

1. An adult from my family will need to volunteer as a helping parent in the classroom on a rotating basis, approximately once every four or five weeks (there are procedures and guidelines in place to assist you in this role).
2. An adult from my family will serve on a standing board or committee and fulfill the responsibilities of that position.
3. I need to participate in the field trips and class parties that are scheduled monthly.
4. I will be expected to participate in all fundraising efforts to the best of my ability.

Signature _____ Date _____

***This form must be submitted to:
Tolland Cooperative Preschool P.O. Box 58, Tolland, CT 06084.***

For Co-Op Preschool use only.

Attended informational meeting _____

Paid \$50 (per child) non-refundable deposit (check number) _____