



Northshore Community Cooperative Preschool

Registration Form

2008-2009



Student's Legal Last Name

Student's First Name

Student Nickname if any

____/____/____ M____, F____

Student's Birth Date

Registration For (check one):

Registering For:

_____ Student-\$50 Registration Fee

_____ 1-3's, Tuesday 11:30-1:15

_____ Student-Older sibling attends NSCCP,
\$25 Registration Fee

_____ 1 -5's, Friday 11:30-1:15

_____ Infant Sibling-who will be attending
class-\$10 Registration Fee

_____ 2-3's, Tuesday & Friday 9:30-11:15

_____ 3-4's, Monday, Wednesday, Thursday 9:30-12:00

_____ 4 -5's, Monday, Wednesday, Thursday 12:15-2:45

Home Phone _____ Cell Phone _____ Other _____

Address _____

City _____ Zip _____ E-mail _____

Mailing Address, if different _____

City _____ Zip _____

Parent/Guardian First Name

Parent/Guardian Last Name

Work Phone

Extension

Parent/Guardian First Name

Parent/Guardian Last Name

Work Phone

Extension

Caregiver other than Parent or Guardian who will be attending class (if applicable)

Phone

Health Information

Please list any allergies and/or dietary restrictions your child has. If your child has no known allergies please indicate so by noting "None Known". This information will be used for snack purposes to ensure your child is provided safe foods. Due to the number of children who are highly allergic to nut products and for the safety of all our children and parents we are a NUT FREE school.

Food Allergies _____

Does your child require an Epi-Pen to treat a reaction for any of these allergies? Yes _____ No _____

Dietary Restrictions _____

Does your child have any fears or severe anxiety we should know about? Yes _____ No _____

Please list _____

Are there any other details that you would like us to know about your child? Yes _____ No _____

Please list _____

In case of injury or illness may we call emergency personnel? Yes _____ No _____

Emergency contact person other than parent/guardian:

Name Phone

Name Phone

Is there anyone not allowed to have contact with your child? Yes _____ No _____

If Yes, Name _____ Relation to student _____

Mail completed registration form along with your non-refundable \$50.00 registration fee to:

**Northshore Community Cooperative Preschool
PO Box 613
Bothell, WA 98041**

Parent/Guardian Signature Date

To help us reach new parents, how did you hear about Northshore Community Cooperative Preschool?
