

# Traverse City Cooperative Preschool 2017-2018 Application

<i>MEMBERSHIP STATUS</i>
___ CURRENT MEMBER
___ PREVIOUS MEMBER
___ NEW MEMBER

\*\*This is a two page document. Please fill out ALL fields on the application and turn it in with application fee for it to be accepted by admissions. Using SAME or N/A in fields where needed is acceptable.\*\*

Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Girl \_\_\_ Boy \_\_\_

Primary Phone Number ( ) \_\_\_\_\_ Primary Email \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_ Parent/Guardian (2) \_\_\_\_\_

**We offer 4 different classes for different age groups. Please indicate your first (1) and second (2) class preferences below. All children must be potty trained by the first day of class to attend.**

<p style="text-align: center;"><b>3 Year Olds (3 years by 12/1/2017)</b></p> <p>___ Tuesday/Thursday AM (9:00-11:15)</p> <p>___ Friday AM (9:00-11:15)</p>	<p style="text-align: center;"><b>4 Year Olds (4 years by 12/1/2017)</b></p> <p>___ Monday/Wednesday AM (9:00-11:30)</p>
<p style="text-align: center;"><b>Beginnergardners (4 years by 6/1/2017)</b> For children who will be going to Kindergarten Fall 2018</p> <p>___ Monday/Wednesday (1:00-3:30)</p> <p style="padding-left: 20px;"><b>AND</b> Friday (12:30-3:30)</p> <p>___ Tuesday PM (1:00-3:30)</p> <p style="padding-left: 20px;"><b>AND</b> Thursday PM (12:30-3:30)</p>	<p style="text-align: center;"><b>Enrichment (4 years by 12/1/2017)</b> Can be added to another class or taken on its own</p> <p>___ Tuesday AM (10:30-11:30)</p>

\*\*The Co-op Preschool will sometimes accommodate students outside the age range stated above based on availability and board approval. Please write your request below.

\_\_\_\_\_

\_\_\_\_\_

**Preschool Job Assignment** - Please indicate your first three choices (i.e. T2, B3, S1) Use attached list of job descriptions. These jobs are assigned by the admissions board member and will be assigned as application are turned in. Choice 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

How did you hear about the Cooperative Preschool? If referred by a current or former member, please include their name.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# Family Information

Please include phone numbers and emails for each parent/guardian.

1. Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Personal Phone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Occupation \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Personal Phone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Occupation \_\_\_\_\_

**\*\*\*Please include a sheet with any additional parents/guardians if applicable\*\*\***

Siblings names, ages, and schools they attend

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Activities that your family enjoys to do together

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Are there any talents that members in your family possess that might be useful around our school?  
(Music, gardening, technology, handyman, or others?)

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## Traverse City Co-Op Membership Directory

A great way to keep in touch with Co-Op families is through our membership directory. You can easily look up a classmate, or another family. This list will only be given out to TCCP families. Please sign below to grant permission for us to share your information with other families.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

**For office use only: Date Accepted \_\_\_/\_\_\_/\_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_**

**Please mail application and fee (\$30 per family) to TCCP, Admissions : 720 S Elmwood Ave : Traverse City, MI  
\*\*Checks made payable to Traverse City Cooperative Preschool**