

ENROLLMENT FORM
South Euclid Cooperative Preschool
1534 South Green Road, South Euclid, OH 44121
www.secoop.org 216-381-4030

To register your child, please read the attached paper, which briefly outlines some basic but important school policies and guidelines. After reviewing, please complete and sign the enrollment form and return it with the \$50 non-refundable registration fee as soon as possible to the Registrar:

Erika Roth
1401 Sheffield Rd.
South Euclid, OH 44121
216-973-8344

Please make checks payable to: **South Euclid Cooperative Preschool**. You will be notified of your child's acceptance and enrollment. Thank You.

Child's Name _____
Address _____
City _____ Zip Code _____
Birthday _____ Phone Number _____
Father's Name _____ Mother's Name _____
E-mail Address _____
If you use e-mail, how often do you check it? _____

Please choose which session you would like to enroll your child in:

Two-Day Class (Monday & Tuesday) 9:15 a.m.-11:30 a.m. _____

Three-Day Class (Wednesday, Thursday, & Friday) 9:15 a.m.-11:30 a.m. _____

Pre-Kindergarten (Monday-Thursday) 9:15 a.m.-11:45 a.m. _____

My child is toilet-trained _____ My child is not toilet-trained _____

I am registering my child in the South Euclid Cooperative Preschool and have read the information and guidelines on the attached page. I understand and agree to abide by these policies.

All classes are subject to cancellation.

Signature of Parent or Guardian _____ Date _____

Please check if you are: Currently enrolled family _____
 Previously enrolled family _____
 New family _____

How did you hear about us? Friend _____ Relative _____ Neighbor _____ Website _____
Yellow Pages _____ Newspaper _____ SELREC _____ Other _____