



Dallas Cooperative Preschool Registration Form 2020-21 Returning Students

Child Information

Name: _____ Nickname: _____

Sex: M F Date of Birth: _____ Age on Sept 1: _____

Address: _____

Home Phone: _____ Email: _____

Mom's Cell: _____ Dad's Cell: _____

Days Preference: (circle days you want to attend) Mon Tues Wed Thur Fri

Lunch Bunch Preference: Mon Tues Wed Thur (no Lunch Bunch on Fridays)

Family Information

Mother's Name: _____ Employed Outside the Home: Y N

Business Name: _____ Business Phone: _____

Business Address: _____

Work Hours: _____ Occupational Skills: _____

Special Talents/Hobbies: _____

Any Teaching Experience: Y N Where: _____

Father's Name: _____ Employed Outside the Home: Y N

Business Name: _____ Business Phone: _____

Business Address: _____

Work Hours: _____ Occupational Skills: _____

Special Talents/Hobbies: _____

Any Teaching Experience: Y N Where: _____

Siblings: Name/Sex/Age _____

Emergency Phone Numbers (other than home or business)

Child's Doctor's Name: _____ Phone: _____

Emergency Contact (s): _____

_____ Phone: _____

General Information

How did you become familiar with the Dallas Cooperative Preschool? _____

Parent Signature: _____ Date: _____

Please enclose a **\$200** non-refundable registration fee and mail to:

Dallas Cooperative Preschool, 11001 Midway Road, Dallas, TX 75229