



Registration for 2021-2022 School Year

First & Last Name of Student _____

Child's birthday (month/day/year) _____ Date of enrollment: _____

Enrolling in (circle choice): 2 Day Class Kindergarten Readiness Class

Select days for Kindergarten Readiness Class (circle 3-5 choices):

Mon (am) Tues (pm) Wed (am) Thurs (pm) Fri (am)

Parent/Guardian 1 Name: _____ Relationship _____

Home address: _____

Work address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Parent/Guardian 2 Name: _____ Relationship _____

Home address: _____

Work address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

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, once every 2-5 weeks (depending on class size). 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: Michele Metcalf (36 Hillside Dr, Ellington, CT 06029)

For Co-Op Preschool use only.

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