



# Registration Form

2017/2018 School Year

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Session Selection** Please check one.

- |                          |          |       |            |                                     |
|--------------------------|----------|-------|------------|-------------------------------------|
| <input type="checkbox"/> | 2-Day AM | T/Th  | 8:30-11:00 | Must be age 3 by 10/15 \$175/month* |
| <input type="checkbox"/> | 3-Day AM | M/W/F | 8:30-11:00 | Must be age 4 by 10/15 \$235/month* |
| <input type="checkbox"/> | 2-Day PM | T/Th  | 12:00-2:30 | Must be age 4 by 10/15 \$155/month* |
| <input type="checkbox"/> | 3-Day PM | M/W/F | 12:00-2:30 | Must be age 4 by 10/15 \$215/month* |

\*Tuition rates are subject to change

Would you like to be put on our waitlist if the spot you want is not available at this time?  
Yes    No

Are you a past member?    Yes    No    If so what year(s)? \_\_\_\_\_

Note: We will try to give you the session you request, but also reserve the right to balance the classes.

## **Registration Fee and Instructions**

Registration Fee: This application must be accompanied by a \$45.00 non-refundable application fee. Please make checks payable to [Gorham Cooperative Preschool](#).

Return Application to: **Gorham Cooperative Preschool**  
28 Ball Park Rd.  
Gorham, ME 04038  
Attention: Registrar

An Acceptance Letter or Waitlist Letter will be sent within a month of receiving your application and registration fee. If you are accepted, we ask that you send a deposit for one month's tuition by May 1st to secure your space in the program.