



REGISTRATION FORM
2023/2024 SCHOOL YEAR

Child's Name: _____

Date of Birth: ____/____/____ Gender: M / F

Parent/Guardian Name(s): _____

Mailing Address: _____

Phone Number: (____) _____

Email Address: _____

Are you a past member? Yes No If yes, what year(s)? _____

Session Selection (Please Select One):

- | | | | | |
|--------------------------|---|-------|------------|-------------|
| <input type="checkbox"/> | 2-Day Morning Program (3 Year Olds) | T/Th | 8:30-11:00 | \$210/month |
| <input type="checkbox"/> | 3-Day Morning Program (4 & 5 Year Olds) | M/W/F | 8:30-11:30 | \$315/month |

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

Registration Fee and Instructions

This application must be accompanied by a \$45 non-refundable registration fee.

Please make checks payable to [Gorham Cooperative Preschool](http://gorhamcooppreschool.org).

Return Application to: Gorham Cooperative Preschool
28 Ballpark Road
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 June 1st to secure your space in the program.