

# Co-op Registration Form

**Parents Personal Information ( Please Print neatly)**

Full Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact information: \_\_\_\_\_

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

**List Children's Names and Ages**

\_\_\_\_\_

\_\_\_\_\_

**Please List Children's Schedules in the blanks**

Time Child					
8:30-9:25					
9:30-10:25					
10:30-11:00	5K-3 <sup>rd</sup> Break/Snack 4 <sup>th</sup> -H.S. Snack/Break	5K-3 <sup>rd</sup> Break/Snack 4 <sup>th</sup> -H.S. Snack/Break	5K-3 <sup>rd</sup> Break/Snack 4 <sup>th</sup> -H.S. Snack/Break	5K-3 <sup>rd</sup> Break/Snack 4 <sup>th</sup> -H.S. Snack/Break	5K-3 <sup>rd</sup> Break/Snack 4 <sup>th</sup> -H.S. Snack/Break
11:05-12:00					
12:05-1:00					

I understand that by registering for Co-op classes I am agreeing to volunteer in my children's classes. I understand if my child does not have a full schedule, they will participate in study hall. Also, I understand the gym will be open from 10:30-11:00 and will not be available for free play unless arrangements have been made by the grade level coordinators after co-op is over.

Signature/Date: \_\_\_\_\_