

Site Address: 22225 9th Avenue South Des Moines, WA 98198 Mailing Address: P.O. Box 13167 Des Moines, WA 98198

Phone: 253.347.6493 Email: drmpreschool@gmail.com Website: www.darcyreadpreschool.org

Class(s): ____ 2's ____ 3's ____ 4's (tuition paid quarterly)

Childs Name: _____ Birth Date: _____

Phone Number: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Occupation: _____

Email: _____ Work/Cell Phone #: _____

List names and ages of brothers/sisters: _____

Other people living in the home: _____

Reason for choosing a cooperative preschool program for yourself and your child: _____

What do you expect from this program as a parent: _____

Previous group experience for your child: _____

Allergies: _____

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Is child aware of the allergy? _____

In case of emergency contact: _____ Phone: _____

BY SIGNING BELOW, I DO AGREE TO COMPLY WITH THE RESPONSIBILITIES OF A MEMBERSHIP IN A PARENT COOPERATIVE PRESCHOOL PROGRAM AS STATED IN THE PARENT HANDBOOK.

Parent/Guardian Signature: _____ Date: _____

Please enclose NON-REFUNDABLE Registration Fee with this form to reserve your spot.

2-4 yrs: \$100 Non-Refundable Registration Fee (Min \$50.00 due with registration, balance due at orientation)

Make check payable to: DRMCP and mail to P.O. Box 13167, Des Moines, WA 98198

Total Registration Fee: _____ Amount enclosed: _____ Balance Due at Orientation: _____

Received by: _____

**The above named preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at school. The above named preschool does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan program, and athletic or other school-administered programs.*