## Cooperative Preschool Registration Form

Keep the vellow copy of this form for your records. Mail the white copy to the membership chairperson listed below

Return to: Name of school Wapato Cooperative Presch	nool	
Mailing Address 8601 104th St. SW Lakewoo	od, WA 98498	
Child's name (last/first/name used)	Date of birth	Age Sex MOFO
Home address (inc. zip code)		
Home Phone Cell Phone	E Mail	
Parent/guardian name(s) (last, first)		
(last, first)		
Parent/guardian occupation	Employer	
nterests	Preferred P	hone #
he participation and sharing of responsibilities by all families.  Cooperative Preschool, I (we) agree to fulfill our participation (nonrefundable) – Bat	rticipation and responsibilities in the factor of the fact	
DUE WITH FORM \$70 INCLUDES Regis		
Attend a minimum of 1 parent education opportunity for evo	ery month the family is enrolled, which must in	clude Orientation and Parent Training.
Work in the classroom as an assistant on my assigned days a	and take responsibility for providing a trained su	ibstitute when necessary.
Provide a nutritious snack for all children on my assigned da	y on a rotating basis under the direction of the	teacher.
Keep my child at home if there are signs of any communicab	ole disease.	
Volunteer for a board position or a committee position.		
Participate in fundraising according to school guidelines.		
Register one adult as a student at Bates Technical College. Re	egistered Bates student will follow policies and	procedures as outlined in the Bates Techni
College handbook.		
College handbook.  Complete and submit all forms required by the school includ Immunization or Certificate of Exemption, and Child Release		Medical and Surgical Care, and Certificate o
Complete and submit all forms required by the school includ	form.	
Complete and submit all forms required by the school includ Immunization or Certificate of Exemption, and Child Release  If a family's presence is disruptive to the educational program	form. m or is a safety hazard, per OPEP Risk Managen	
Complete and submit all forms required by the school includ Immunization or Certificate of Exemption, and Child Release  If a family's presence is disruptive to the educational program terminate membership.	form. m or is a safety hazard, per OPEP Risk Managen nool facilities.	nent, the Board reserves the right to
Complete and submit all forms required by the school includ Immunization or Certificate of Exemption, and Child Release  If a family's presence is disruptive to the educational prograt terminate membership.  Fulfill duties assigned equally to all for the upkeep of the sch  By signing the portion below, I (we) are willing to mee	form. m or is a safety hazard, per OPEP Risk Managen nool facilities.	nent, the Board reserves the right to