



5315 Roosevelt Way NE, Seattle, WA 98105
 Phone 206.522.5388 Email program_supervisor@coopchild.org

Registration/Waitlist Form

Child's Full Name _____

Date of Birth _____ Current Age _____

Parent Name _____ Home Phone(____) _____

Address _____

Work Phone(____) _____ Occupation _____

Business Name/Address _____

Email address _____

Parent Name _____ Home Phone(____) _____

Address _____

Work Phone(____) _____ Occupation _____

Business Name/Address _____

Email address _____

How did you find out about the Co-op? _____

0 WAIT LIST Please put my child on the wait list. I realize there is a \$60 fee which is non-refundable and will not be applied to offset any enrollment fees or tuition. I would prefer the enrollment to begin _____. The administration will notify me when a space is available for my child and I may contact the director periodically to check the availability of space.

0 REGISTRATION Please enroll my child immediately. I understand that the following is due at enrollment: \$100 registration fee (\$20 for member equity, which will be returned on written request when our family leaves the Co-op, and \$80 in nonrefundable enrollment costs); first month's tuition; and a deposit equal to ½ the monthly tuition. The deposit will be refunded 30 days after departure as long as all charges and fees are cleared. Deposit payment plans can be arranged by speaking with the director or program supervisor.

0 SCHOLARSHIP NEED I expect that my child's tuition will be paid in whole or part through a voucher or subsidy program (DSHS, City of Seattle, University of Washington, etc.) at a rate less than the full published tuition, requiring scholarship support by the Co-op. I understand that scholarship need does not affect my child's position on the wait list. Availability of scholarship funds may, however, affect the Co-op's ability to admit a family in need of financial scholarship at the time the family reaches the top of the wait list. I will inform the director if our scholarship needs change.

I wish to enroll my child: 0 Full time 0 4 days 0 3 days 0 2 days
 Days preferred: 0 Monday 0 Tuesday 0 Wednesday 0 Thursday 0 Friday 0 All

Parent Signature _____ Date: _____

Office use:

	Date	Amount	Initials
Wait List fee			
Registration fee			
Deposit			

Waitlist Questionnaire

1. How did you hear about the Co-op? _____

2. Have you ever been part of a cooperative? If yes, please describe your experience: _____

3. Why are you interested in our program? _____

4. Will you be able to provide alternate child care in the event of an unexpected closure or if your child becomes sick? _____

5. How do you feel about committing the same 2-3 hours per week volunteering in the classroom as well as committing to membership meetings, classroom meetings and work parties that occur throughout the year? _____

6. What are you looking for in a program for your child/family? _____

7. What are your goals for your child? _____

8. My tour date was: _____