

Child's Last Name _____ First _____ Middle _____ Girl
Boy

Date of Birth _____ Father (or Guardian) _____ Mother (or Guardian) _____

Home Phone # _____ Father's Business Phone # _____ Mother's Business Phone # _____

Street Address _____ City _____ Zip Code _____

I wish to enroll _____ (name to be used in school) in Northminster Pre-School, with the understanding that:

1. Parents participate 6 days during the school year as a parent helper.
2. \$ 40.00 Registration Fee – not refundable
3. Tuition is \$ 110.00 a month – due 1st class day of each month

Threes _____ Fours _____ Fives _____ Circle Preference A.M. or P.M.

Teacher request _____ (will be taken into consideration)

Parent signature

Return enrollment form and registration fee to: Northminster Cooperative Pre-School
104 W. Portage Trail Ext., Cuyahoga Falls, OH 44223

School use only _____ / _____ # _____ \$ _____
Lance Cooperative Pre-School, Inc. dba Northminster Pre-School