



## Registration Form – 2019/2020 Academic Year

Please complete this form for each child who will be enrolling in Duvall Cooperative Preschool.  
Please mark the class you wish to enroll your child based off the age dates below.

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Pre-K Class<br>Must be 4 by<br>8/31/19 | <input type="checkbox"/> 3's Class<br>Must be 3 by<br>8/31/19 | <input type="checkbox"/> 2's Class<br>Must be 2 by<br>8/31/19 | <input type="checkbox"/> Family Class<br>Birth to Age 5 as of<br>8/31/19 |
|---|---|---|--|

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### Child's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Allergies or Dietary Considerations: \_\_\_\_\_

Doctor / Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinic Name & Location: \_\_\_\_\_

### Parent Information

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

### Emergency Contact #1

Name: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Please list the name and contact phone number(s) of anyone who would be authorized to pick your child up from preschool other than the parent(s) listed above:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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***Volunteer Information***

As a member of DCP, you are required to serve on a committee while your child is enrolled in the school. Parents who volunteer as members of the Board of Trustees are exempt from serving on Committees. The committees are organized in this manner: Marketing & Communications, Facilities & Maintenance, and Fundraising & Events. If you have talents or special interest in a specific committee, please notify the Registrar. Committees will be organized in the Fall of 2019 and parents are expected to log at least 2 hours per month working on their committee jobs.

**Board of Trustees:**

If you are interested in serving as a volunteer on the DCP Board of Trustees, please indicate which position(s) you are interested in by checking one or more of the boxes below:

President    Vice President    Registrar/Treasurer    Secretary    Parent Leader

***Legal and Compulsory Information:***

**Enrollment & Membership**

Acceptance into the program is subject to review and approval of the Board of Trustees. Payment of the registration fee to Duvall Cooperative Preschool enrolls your child as a student in the program and ratifies one parent as a member of the Cooperative. DCP reserves the right to conduct background and criminal history checks on any existing or pending member for the purpose of ensuring the safety of the children, parents, instructors and volunteers associated with the Cooperative. All required documentation and fees due must be received before the start of the first day of school. If this material is not complete, your child may not be admitted to the school until it is received.

**Requirements to enroll your child at DCP:**

Complete and return the Registration Form

1. Submit a registration fee of \$145.00 for first child \$115.00 for each additional child/\$115.00 for family class \$30.00 for each additional child
2. Submit payment for first and last month's tuition prior to first day of school or 9/5/19, whichever is first.
3. Return and sign a copy of the DCP Parent Agreement Form

**\*\*\* Priority Registration for Returning Families and Alumni begins February 1<sup>st</sup> \*\*\***

**\*\*\* Registration will open to New Students starting March 1st \*\*\***

Forms and payment can be mailed to the address below or returned to the school and placed in the registration folder.

Duvall Cooperative Preschool  
Attn: Registrar  
PO Box 1311  
Duvall, WA 98019

Email: [dcpreschool@gmail.com](mailto:dcpreschool@gmail.com)

Web: [www.dcpreschool.org](http://www.dcpreschool.org)

Phone: 425-780-5216