



**September 2010 –May 2011
 OCP Re-Enrollment Application
 Due January 15, 2010 (postmarked)**

For OCP use only Accepted: Y N Days: M T W Th F Class: y2 o2 3a 3b 4 Enrollment Fee: Y N

Child's Last Name _____ First _____ Middle _____ Nickname _____

Gender (please circle): M F Date of Birth (MM/DD/YYYY): _____

Please check one: Re-Enrolling Student New Student (sibling of current student or alumni)

Current e-mail address (for acceptance notification): _____

My child meets the age requirement for the following class (please check):	Young 2 year olds (Must be 24 months by September 1, 2010)	
	Older 2 year olds (Must be 30 months by September 1, 2010)	
	3 year olds (Must be 36 months by September 1, 2010)	
	4 year olds (Must be 48 months by September 1, 2010)	

Scheduling:

2 and 3 year olds How many days of the week do you want your child to attend? (please check): <i>(The days that each class is offered will depend on the enrollment requests of applicants.)</i>		Choice #1	Choice #2	Choice #3	Not an Option	
	2 Days					
	3 Days					
	5 Days <small>(Not an option for young 2's)</small>					
4 and 5 year olds How many days of the week do you want your child to attend? (please check): <i>(The days that each class is offered will depend on the enrollment requests of applicants.)</i>		Choice #1	Choice #2	Choice #3	Choice #4	Not an Option
	2 Days					
	3 Days					
	5 Days					

Are there any days of the week on which your child **cannot** attend? We will try to honor all requests, but in some cases it may not be possible to do so. _____

Does this child have any special considerations (emotional, intellectual, physical, or medical including speech and language development)? Please explain: _____

PARENT/GUARDIAN AGREEMENT

I, _____, desire to enroll my child, _____, in Oakhurst Cooperative Preschool. I understand that if accepted, I will be responsible for paying tuition for my child for the days s/he is enrolled. I also acknowledge that once I enroll my child, I will be required to fulfill all the obligations of my family membership in this cooperative preschool, which include, but are not limited to: parent teacher days, committee service, workdays and other volunteer opportunities. In addition, if my child is enrolled, all parents and/or guardians will be required to obtain a criminal background check. I have read this agreement and understand the obligations of my child's enrollment and my family's membership in Oakhurst Cooperative Preschool.

Signature of Parent/Legal Guardian _____ Date _____
 Please contact Arlene Bayus or Terri Byrne, Membership Co-Chairs, at admissions@oakhurstcoop.com with any questions or concerns.
 OCP 2010-2011 Application