

2019-2020 Registration Application

Today's Date://201			
Please circle your preferred class: Explorers A. Explore	ers B. Pioneers. Navigators. I	nventors A. Inventors B.	
Reason for Preference:			
Please check your current Spring-Mar Status Currer Spring-Mar Alumni Family (Year att			
Child's Name: (Last, First)	M or F [Date of Birth:	
Address:			
(Street)	(City)	(State/Zip)	
Parent/Guardian #1:	Home Phone:		
Email address:	Mobile Phone:		
Parent/Guardian #2:	Home Phone:		
Email address:			
Name(s) of Other Children in the Family:	<u>Birth Dat</u>	<u>te(s):</u>	
Has your child attended school prior to Spring-Mar?	YES or NO		
If yes, please list the school(s) attended:			
Does your child have a disability, special need, or IE	P? YES or NO		
If yes, please specify			
Does any participating parent have a disability/infire Spring-Mar? YES or NO If so, please specify:			
If you are a new family, how did you hear about Spr	ring-Mar?	Online Search	
☐ Moms Group ☐ Flier/Printed Ad ☐ 0	Other:		

It is important when joining a cooperative preschool to fully understand and acknowledge your **obligations**:

- Parents participate as a Co-oping Parent/Parent Helper in the class on a rotating basis, arriving earlier and staying late to support teacher and class.
- Co-oping Parents must complete four (4) hours of Parent Education training over the course of the year according to state licensing requirements.
- Each family performs a minimum of 8 hours of additional service to the school per semester as well as attends one work party per year and works one shift at Touch-A-Truck as detailed in the parent handbook.
- Fulfill all other obligations as outlined in Parent Handbook.

Signature:			

Please sign and return this application with your non-refundable registration fee (\$105 for new members and Playschool members; \$80 for returning members; \$70 for additional sibling(s)) to:

Spring-Mar Cooperative Preschool Attn: Membership 10125 Lakehaven Court Burke, VA 22015

Office use only				
Check #	Date	Amt		