



2020–2021 Registration Application

Today's Date: _____ / _____ /20____

Please circle your preferred class: Explorers A. Explorers B. Pioneers. Navigators. Inventors A. Inventors B.

Reason for Preference: _____

Please check your current Spring-Mar Status Current Spring-Mar Family Current Spring-Mar Playschool Family
 Spring-Mar Alumni Family (Year attended: _____) AUUC Member

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: _____ Mobile Phone: _____

<u>Name(s) of Other Children in the Family:</u>	<u>Birth Date(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 IEP? YES or NO

If yes, please specify _____

Does any participating parent have a disability/infirmity which will limit your ability to safely participate at Spring-Mar? YES or NO If so, please specify: _____

If you are a new family, how did you hear about Spring-Mar? Family/Friend Online Search
 Moms Group Flier/Printed Ad 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 (\$110 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. _____