



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**. Though we will not have traditional cooping roles and responsibilities for families this year due to COVID-19, there may be other needs that arise in which we would ask for the assistance of our families.

Signature: \_\_\_\_\_

Please sign and return this application with your non-refundable registration fee (\$115 for new members and Playschool members, \$85 for returning members, \$75 for additional sibling(s)) to the address below. Please make out checks to Spring-Mar Preschool.

**Chelsi Shalal**  
**3744 Tonbridge Place**  
**Woodbridge, VA 22192**

Office use only		
Check # _____	Date _____	Amt. _____