Cooperative Play Academy Inc

Student last name_____
School Year _____

Registration Form

Please print.

_____ _____ _____ _____
Student First and Last name Gender Birthdate Class

_____ _(_____)_____
Street Address, City and Zip Home Phone number

_____ _____ _____
Parent 1 / Guardian 1 Name Relationship to Student Email

_____ _____ _____
Phone number Best time to reach you Occupation

_____ _____ _____
Parent 2 / Guardian 2 Name Relationship to Student Email

_____ _____ _____
Phone number Best time to reach you Occupation

_____ _____
Language spoken at home Has your child attended school before? If so, where?

Name and age of siblings: _____

Cooperative Play Academy does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, disability, national origin, ancestry, age, or United States military service veteran status.

_____
Office use only

Date received: _____
Amount Received __$_____ Check number_____
Balance due_____ Notes_____