

APPLICATION FOR ADMISSION

First Name	MI Last Name	Preferred Nickname for Nametag
	Yrs. Mos.	
Date of Birth	Age as of September 1, 2022	Previous Class Experience
Programs Applying for:		Three/Four Year old Program
Two Year old Program		Finned Friends (3 hours W,TH&F PM)
Furry Friends (2 hours W AM)		Four Year Old Pre-K Program
Two/Three Year	old Program	Feathered Friends (5 hours M&T, 2 ¹ / ₂ hours W AM)
Froggy Friend	ls (2 ½ hours TH&F AM)	Flying Friends (5 hours TH&F,
Three Year old P	rogram	2 ¹ / ₂ hours W PM)
Fauna Friends (3 hours M&T AM)		If more than one selected, preferred:
Parent Information	on:	
Parent/Guardian		Parent/Guardian
Address		Address
City Sa	te Zip	City Sate Zip
Occupation/Position		Occupation/Position
Contact Phone Number		Contact Phone Number
e-mail address		e-mail address
will be your fami	ly's "Helping Parent"?	
s your child receiv	e Special Services, such as speech th	herapy or services through Child Find? Yes or No
, your ennie recer		
you also applying	for Public PreK or at other schools?	Yes or No (For planning only. This will not affect your application
k # or ParentSquare p	payment info (date and name on card) of no	n-refundable \$100 application fee (per family):
]	
Signation (D)	unt/Courtier	
Signature of Par 3705 Mount	ain Road, Pasadena, MD 21122	Date 410-360-0292 director@magothycooperative.org
5,00 110011		hycooperative.org