	APPLICATION FOR ADMISSION					
MAGGETHY	Current Family	Alumni Far	mily	New Family (Open House Attended of	on)	
·MAGOTHY· Cooperative Preschool						
	First Name	Last Name		Preferred Nickname		
	Yrs. Mos.					
Date of Birth	Age as of September 1,	, 2026	Previous	Class Experience (if any)		
Programs App	plying for:			/Four Year old Program nned Friends (3 hours W,TH&F PM)		
Two Year old	Program			Year Old Pre-K Program		
Farm Friends (2 hours W AM)				Feathered Friends (5 hours M&T,		
Two/Three Year old Program				2 ½ hours W AM) Flying Friends (5 hours TH&F,		
	ends (2 ½ hours TH&F AM))		/2 hours W PM)		
	Three Year old Program Fauna Friends (3 hours M&T AM)			If more than one selected, preferred:		
Parent Inform	nation:					
Parent/Guardian			Parent/0	Parent/Guardian		
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A 11			A 11			
Address			Address			
City	State Zip		City	State Zip		
Occupation/P	Occupation/Position			Occupation/Position		
				N		
Contact Phone	2 Number		Contact	Phone Number		
e-mail address			e-mail ac	ldress		
Does your child rec	ceive Special Services, sucl	h as speech therap	y or servic	es through Child Find? Yes or	No	
Are you also applyi	ing for Public PreK or at o	ther schools?	Yes or	No (For planning only. This will not affect your a	application.)	
I understand th	nat being in a cooperative r	requires additional	l family pa	rticipation such as Helping Grownup	shifts,	
	-	-		ive in the school community.	•	
Please tell us speci	al talents, skills, or hobbie	s that you could sl	hare with o	our community?		
	,,	y = :: 30 3233 02		.		
What benefits do y	ou expect to see from bein	g part of a cooper	ative?			
L Signature of	Parent/Guardian	 Da	ıte			
3705 Mo	ountain Road, Pasadena, M	ID 21122 410- www.magothyco	-360-0292 operative.	director@magothycooperative.or	g	

agothycooperative.org