



INITIAL REGISTRATION FORM

Please circle one: Current Member | Mt. View Alumni | Mission Woods Church Member | New Member

Please circle class in which to enroll: 2's | 3's | Pre-k (4 and 5's)

Child's name (last/first): _____ (First name used): _____

Date of birth (Month/Day/Year): ____/____/20____ Current Age: _____ Gender (please circle) M F

Home address: _____

Mailing address (if different than above): _____

Primary Participating Guardian's name (last, first): _____

Primary Phone Number(s): _____

Primary Email: _____

Secondary Guardian's name (last, first) _____

Secondary Phone Number (s): _____

Secondary Email: _____

AGREEMENT BETWEEN GUARDIAN AND MT. VIEW COOPERATIVE PRESCHOOL

I understand that this is a parent participation preschool coordinated by Bates Technical College, Child Studies Department. I further understand that the main purpose of this program is parent education in child development and that the preschool's success depends upon the participation and sharing of responsibilities by all families. As a member of Mt. View Cooperative Preschool, I agree to:

1. Pay required fees including but not limited to **\$65 non-refundable** registration fee (**due with this form**), preschool tuition, & Bates annual fee.
2. Complete and submit all forms required by the school including but not limited to: Child Release, Consent for Emergency Medical Care, Bates Registration Form and Certificate of Immunization or Certificate of Exemption in a timely manner.
3. Work at the school, or on school-sponsored field trips, as a teacher's assistant ("working parent") on assigned days or provide a trained substitute in my absence.
4. Keep my child at home if there are signs of communicable disease in the previous 24 hours.
5. Satisfy all requirements of nominated board position or assigned committee position.
6. Obtain 8 total parent education credits throughout the school year including but not limited to parent orientation, parent training & school work party.
7. Participate in fundraising according to school guidelines.

By signing below, I agree to meet the above requirements and abide by Mt. View Cooperative Preschool's constitution, standing policies and handbook.

Primary participating guardian's signature _____

Please return this form (with your \$65 non-refundable check or money order attached) to the school during class hours or mail them to: PO Box 1388 Milton, WA 98354-1388