



Membership Use Only
Date Received _____
Registration Pd _____

Application for Admission Two Year Old Parent/Tot

Child's Full Name _____
Last First Middle
Likes to be called _____ Date of Birth _____
Home address _____
Street City Zip
Home phone # _____ Cell/Other phone # _____
Parents' names _____
E-Mail address(s) _____

Please describe any disabilities or allergies that your child may have that we should be aware of, if any. _____

Please describe any special fears, problems, or unusual history that we should be aware of, if any. _____

Please describe the special interests of your child. _____

Please describe the special talents, skills, interests, and/or hobbies of the parents. _____

Does your family belong to Drayton Ave. Presbyterian Church? _____

Has your family ever belonged to Drayton Ave. Coop Preschool? _____

If not, how did you learn about DACP? _____

Photo Release: I give / do not give (circle one) permission for photographs of my child to be used in DACP literature, publicity, the website and/or for other official DACP publications and/or events.

Parent Signature: _____ Date : _____

The following documents must be properly completed and on file with DACP for the student and/or parent(s)/volunteers to participate.

- _____ Application for Admission/Coop Agreement
- _____ Health Form (including waivers)
- _____ Emergency Card
- _____ Dept. of Human Services Clearance
- _____ DACP Volunteer Clearance Information Form

Drayton Ave. Co-op Preschool Parent/Tot Class Agreement

Welcome to Drayton Ave. Co-op Preschool! When you and your child have been accepted for enrollment, you, as well as your child, will have become members of the co-op. To continue that membership and remain eligible to attend classes, you will be required:

1. To remain with your child during class and assist them as needed.
2. To assist the teacher during some class sessions. This entails working in the classroom with the teacher and other parents for an average of one class per month. However, the number of days you may have to work may vary, depending upon the number of children enrolled in the class. If you are unable to fulfill this responsibility personally, you may do so through a regular “substitute parent” (i.e. a relative or regular babysitter.) Sometimes it is possible to make arrangements for another member of the co-op to act as your substitute, for compensation. Contact your class representative if you would like to know whether anyone has indicated an interest in such an arrangement or if you, yourself, would be interested in being a “paid substitute.” In any case, it is your responsibility to see that this obligation is fulfilled.
3. To provide drinks and snacks for your child’s class. Usually, this means providing the snack and drink about once every other month.
4. To attend an evening orientation meeting and to attend general meeting every other school month.
5. To serve on the preschool’s executive board, one of its committees, or to participate in a general clean up (“Major Clean”) of the co-op premises once during the school year.
6. To participate in fundraising activities.
7. To see that the health form, emergency card, and state clearances are properly completed and submitted to the Membership Chair before your child attend his/her first class. This is a State of Michigan requirement. We will provide you all of the necessary forms.
8. To pay tuition when it is due. Tuition is payable in four installments, with the first payment due before school begins, and the remaining payments due at approximately equal intervals during the school year (to be paid at the general meetings.) Except in unusual circumstances, installment of tuition, once paid, are not refundable. Some tuition scholarships are made available each year. If you are interested and in need, please contact either the current DACP President or Treasurer for further details. This request is handled with the utmost confidentiality.

If you have any questions concerning the above information, please contact the Membership Chairperson before submitting your application. By signing and returning this application, you will be acknowledging that you have read the above information, that you understand that your registration fee is non-refundable, and that you understand and accept the requirements for continued membership in DACP.

As a member of the Drayton Ave. Co-op Preschool, I agree to abide by the By-Laws and Operating Procedures of the preschool.

Date _____

Applicant’s Signature _____

Co-Applicant’s Signature _____