



Edgewood Preschool Cooperative
 4700 Shelbyville Rd.
 Indianapolis, IN 46237
 317- 721-9414
edgewoodpreschool@gmail.com
www.edgewoodpreschoolcoop.org

Student Last Name _____

Parent Last Name _____

School Year _____

Edgewood Preschool Cooperative REGISTRATION FORM

PLEASE PRINT

Child’s Legal Last Name	First	Middle	Gender	Class	Birth date

Street Address	Apt.	City	Zip Code

() _____
Home Phone

_____ **Language Spoken in home (if not English)**

Legal name of Parent/ Guardian 1 Residing in Home	Relationship to Student	Best time to reach you

Parent/ Guardian 1 Work Phone	Parent/ Guardian 1 Cell Phone	Parent/ Guardian 1 email address

Legal name of Parent/ Guardian 2 Residing in Home	Relationship to Student	Best time to reach you

Parent/ Guardian 2 Work Phone	Parent/ Guardian 2 Cell Phone	Parent/ Guardian 2 email address

Please include the names of other children living in the home:
 Child's Name Birth date

1. _____
2. _____
3. _____

Has your child attended preschool or another class before?

_____ **Name of school or class**
 _____ **Location**

For office use only

Date Received _____

Amount Received \$ _____

Check # _____

Balance Due \$ _____

Notes: _____

Please briefly describe the experience:

If your child has received any special education or support services, please indicate the type of service.

****Edgewood Preschool Cooperative 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.***