

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

Class – Circle one: Koala (3/4)
Panda(4/5)

Stay & Play (2/3) Tuesday only Stay & Play (2/3) Thursday only Stay & Play (2/3) Both days

## Edgewood Preschool Cooperative REGISTRATION FORM

## **PLEASE PRINT**

Child's Legal Last Name First	Middle	Gender	Birth date	
Street Address		City	Zip Code	
) Home Phone Language Spoken in home (if no	 ot English)			
86	0 - 7			
egal name of Parent/ Guardian 1 Residing in Home	Relationship to Student	Best time t	Best time to reach you	
_()	()			
Parent/ Guardian 1 Work Phone	Parent/ Guardian 1 Cell Phone Parent/ G		lian 1 email address	
Legal name of Parent/ Guardian 2 Residing in Home	Relationship to Student	Best time t	Best time to reach you	
_()	()			
Parent/ Guardian 2 Work Phone	Parent/ Guardian 2 Cell Phone Parent/ Guardian		lian 2 email address	
Please include the names of other children living in th Child's Name Birth date	ne home: Has your child	attended preschool or an	other class before?	
1	110	- Name of school or class		
2.				
3	Loc	ation		
	Please briefly d	Please briefly describe the experience:		
For office use only				
For office use only  Date Received				
Date Received	If your shild ha	c received any enecial ad	usation or support sorries	
Date Received Amount Received \$		s received any special ed	ucation or support services	

<sup>\*</sup>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.