

Edgewood Preschooler Cooperative 4040 East Thompson Road 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	
treet Address			City	Zip Code	
Home Phone		Language Spoken in home (if not English)			
egal name of Parent/ Guardian 1 Residing in Ho	 ome Relati	ne Relationship to Student		Best time to reach you	
()Parent/ Guardian 1 Work Phone	_() Parent/ Gua	rdian 1 Cell Phone	Parent/ Guardian 1	Parent/ Guardian 1 email address	
egal name of Parent/ Guardian 2 Residing in Ho	 ome Relati	onship to Student	Best time to rea	ch you	
Parent/ Guardian 2 Work Phone	_() Parent/ Gua	rdian 2 Cell Phone	Parent/ Guardian 2 email address		
Please include the names of other children living Child's Name	g in the home: Birth date	Has your child atto	ended preschool or another o	class before?	
·		Name	of school or class		
		Locati	Location		
		Please briefly desc	cribe the experience:		
For office use only					
Date Received		If your child has received any special education or support services please indicate the type of service.			
Check #					
Balance Due \$ Notes:					