



Edgewood Preschool Cooperative
 7001 S. Arlington Ave.
 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

Please briefly describe the experience:

For office use only

Date Received _____

Amount Received \$ _____

Check # _____

Balance Due \$ _____

Notes: _____

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.*