



EAST OSHAWA CO-OPERATIVE PRESCHOOL Parent & Tot/Baby & Me Program Registration Form

PLEASE RETURN THIS FORM AND THE APPROPRIATE PROGRAM FEE TO THE PRESCHOOL AS SOON AS POSSIBLE TO RESERVE YOUR CHILD'S SPACE.

Cheques should be made payable to "East Oshawa Cooperative Preschool or E.O.C.P."

Name of Child: _____ Date of Birth: _____

Names of Parents: (mother) _____

(father) _____

Mailing Address: _____

Postal Code: _____ Telephone: _____

Email Address: _____

Does your child have any allergies? YES NO

If yes, please specify: _____

PROGRAM FEES

Note: There is a 10% discount for enrolling a 2nd child in any of our programs

PARENT & TOT Fridays from 10:00 am to 11:00 am	\$40.00 per 10 week session
BABY & ME Fridays from 9:15 am to 9:45 am	\$30.00 per 10 week session

Please indicate the program you would like to register for:

Parent & Tot: FALL (Sept-Dec) WINTER (Jan-Mar) SPRING (April-June)

Baby & Me: FALL (Sept-Dec) WINTER (Jan-Mar) SPRING (April-June)

I hereby acknowledge and accept the risk of any accident or injury that may occur to my child during participation in the Parent & Tot or Baby & Me Cooperative Program and that I am solely responsible for my child(ren) during this time.

Signature _____ Date _____

At this time it is the preschool's intention to offer the above programs for the 2010/11 school year. Programs offered may be subject to change depending on enrollment. If the program of your choice is cancelled due to enrollment, your program fee will be returned to you.

Office Use Only

Date Received _____ Cheque received/attached: Yes/No Initials: _____