



APPLICATION TO THE GARDEN PRESCHOOL COOPERATIVE

School Year: 2019 - 2020

Child's Name: _____ Nickname: _____

Sex: Female Male Birthdate: _____ Age in Sept. 2019: _____ yrs, _____ mths

Home Address: _____

Home phone: _____

Child's Parents/Legal Guardians (please list all): _____

Parent/Guardian 1:

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work Phone: _____

Email: _____

Employer: _____

Position: _____

Responsibilities: _____

Work address: _____

Parent/Guardian 2:

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work Phone: _____

Email: _____

Employer: _____

Position: _____

Responsibilities: _____

Work address: _____

If child does not live with both parents, please indicate:

Divorced Separated Deceased Single parent

Other special circumstances _____

Names and Birthdates of Siblings: _____

Does child live with siblings? Yes No

Did any siblings previously attend the Garden Preschool? Yes No

Primary language(s) spoken at home: _____

Please provide any other important identifying information about your child and/or family that you would like to share: _____

How did you hear about the Garden Preschool Cooperative? _____

If applicable, please list any previous school(s) or organized group experiences your child has participated in:

Please describe your child's experience in these settings.

Please tell us about your child's personality, strengths, interests, areas needing support/guidance:

Does your child have any special developmental or medical needs?

Has a professional ever suggested your child receive a psychological or developmental evaluation? Please describe:

Please indicate what you want your child to gain from his/her preschool experience:

Why have you chosen the Garden Preschool Cooperative?

As a parent-run cooperative, parents' participation is vital to the school. Please describe your thoughts about being part of the cooperative, along with any helpful background experiences, training, talents and interests that you could bring to the cooperative (e.g. fundraising, public relations, finance, carpentry, artistic ability) and with the children (e.g. music, storytelling, arts-and-crafts, hobbies):

It is our policy to contact a child's current child care setting for feedback, including whether the family has met its financial obligations to that setting. Please provide the phone number and contact name of your child's preschool/daycare (if applicable). Your signature below constitutes your permission for us to contact the setting listed.

Name of school/daycare: _____
Name of director: _____ Phone number _____
Name of head teacher: _____ Phone number _____
Permission to contact: _____(sign and date)

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Name of head teacher: _____ Phone number _____
Permission to contact: _____(sign and date)

Please explain any changes you foresee within the next year to the information provided in this application:

* The Garden Preschool Cooperative admits children of any religion, race, color, national or ethnic origin, and does not discriminate on these bases in admissions or educational policies.

** Please note that this application is not binding upon either the applicant or the Garden Preschool Cooperative.

*** Because parents have contact with children at GPC in their capacity as "Parents of the Day," all parents of enrolled children (and any other caregivers serving in this role) must pass a criminal background check, including fingerprinting, as required by New Jersey state licensing laws.

Please submit this following **no later than February 4, 2019:**

- A completed and signed application (this form)
- A recent family photo
- A \$75 non-refundable application fee.

We prefer electronic submission to gardenpreschoolenrollment@gmail.com with PayPal payment of \$75 to **gardenpreschooltreasurer@gmail.com**

Application and check (made out to Garden Preschool Cooperative) should be mailed to:

Garden Preschool Cooperative
ENROLLMENT COMMITTEE
242 10th Street
Jersey City, NJ 07302

I attest that the information provided in this application is true:

Signature _____ Date: _____

Name _____