



**PIED PIPER CO-OPERATIVE PRESCHOOL
APPLICATION FOR MEMBERSHIP**

Child's Name: _____ **Date of Birth:** _____ / _____ / _____
(first name) (surname) (day) (month) (year)

Address: _____ **City:** _____

Postal Code: _____ **Health Card Number** _____

Parent/Guardian (1) Name: _____
(first name) (surname)

Home Phone: _____ **Cell Phone:** _____

Occupation: _____ **Business Phone:** _____

Workplace and Address: _____

Email address: _____

Parent/Guardian (2) Name: _____
(first name) (surname)

Home Phone: _____ **Cell Phone:** _____

Occupation: _____ **Business Phone:** _____

Workplace and Address: _____

Email address: _____

Family Doctor: _____

Address: _____ **Phone:** _____

EMERGENCY CONTACT NAME (must be on the pick up list): _____

Phone: _____ **Cell Phone:** _____

Relationship: _____ **Business Phone:** _____

****How did you hear about Pied Piper Co-Operative Preschool?** _____

PARENT'S CONSENT

We hereby agree to abide by the rules and regulations of the Executive Committee (governed by the Pied Piper Co-operative Preschool By-Laws) and General Membership. We agree to enroll our child in the 2A 2B 3A 3B class, to participate as full members, to pay registration and tuition fees, and to comply with the health and insurance rules.

Signature of Parent

Date