



Burien Cooperative Preschool

206-241-6714 www.burienco-op.org

For Preschool Use Only

Class:
1 2 3 4

Check # _____

Enrollment Date: _____

Registration Form

Please complete all sections and return with a **\$100 Non-Refundable Registration Fee**
(Check or Money Order, Payable to BCP)

Mail to: BCP Membership Coordinator, PO Box 218, Seahurst, WA 98062

_____ I have read the Burien Cooperative Preschool Handbook and understand this Co-Op requires parent involvement in weekly, monthly and school year capacities.

_____ I agree to comply with the responsibilities of membership in a parent cooperative preschool as stated in the program requirements.

BCP Membership Status:

<input type="checkbox"/> Current BCP Student	<input type="checkbox"/> Sibling of Current BCP Student	<input type="checkbox"/> Sibling of BCP Alumni	<input type="checkbox"/> New to BCP
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Student Information

Last Name:		First Name:		Gender		Date of Birth:	
				M F			
Address:				City:		State:	Zip Code:
Ethnicity (Optional)							
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other:			
Food Allergies / Special Needs							

Parent / Guardian Information

First Parent/Guardian Name [Primary Classroom Worker]		Best Contact Phone Number:	
Email:			
Occupation:		Business Phone Number:	

Second Parent/Guardian Name		Best Contact Phone Number:	
Email:			
Occupation:		Business Phone Number:	

Where did you hear about Burien Cooperative Preschool?			
<input type="checkbox"/> B-Town Blog	<input type="checkbox"/> Other Blog	<input type="checkbox"/> Friend/Current BCP Family	<input type="checkbox"/> Other:

Emergency Contact (name/relationship to student)		Phone Number:

Parent /Guardian Signature: _____ Date: _____

The Burien Cooperative Preschool complies with all federal regulations and does not discriminate on the basis of race, color, national origin, gender, age, marital status, sexual orientation, disability, or religion.