



CACTUS WREN COOPERATIVE PRESCHOOL  
Application Form

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Main email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other children in household**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Class Preference \_\_\_\_\_ **2-DAY PRESCHOOL** (Tues & Thurs Mornings)  
 (1<sup>st</sup> – 4<sup>th</sup>) \_\_\_\_\_ **3- PRESCHOOL** (Mon, Wed, & Fri Mornings)  
 \_\_\_\_\_ **4- DAY AM PRE-K** (Mon, Tues, Wed, & Thurs Mornings)  
 \_\_\_\_\_ **4- DAY PM PRE-K** (Mon, Tues, Thurs & Fri Afternoons)

Does a parent from this family plan on volunteering in the classroom? \_\_\_ Y \_\_\_ N

REGISTRATION FEE IS NOT REFUNDABLE and is DUE WITH APPLICATION

I understand that the August and May tuition are refundable only when a student has not entered school or moves prior to the start of the school year, with a 2-week written notice of withdrawal (to be received at least 2 weeks before the start of the school year). May tuition is refundable only if there is a new student to replace the student that drops out, within the 2-week notice period. Because operating costs are the same regardless of class size, full monthly tuition must be paid whether or not the child is in attendance in any given month. All tuition/fees are due three business days prior to the student's start date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and return it to the Assistant to the Director, or email it to:

[registercactuswren@gmail.com](mailto:registercactuswren@gmail.com)

**OFFICE USE ONLY**

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Class Designated \_\_\_\_\_ Original Registration Date \_\_\_\_\_ Start Date \_\_\_\_\_ Scholarship: Y / N

Amt Paid: \_\_\_\_\_

Registration: \$ \_\_\_\_\_ Form of Payment: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Paid in Full Date: \_\_\_\_\_

Date completed Registration Docs received: \_\_\_\_\_