

Child _____ Birth Date _____

Child _____ Birth Date _____

Second Participating Adult

Complete this section if two adults will regularly be attending Co-op

Full Name: _____
Last *First* *M.I.*

Primary Phone: _____ Email: _____

Receipt of this form and non-refundable registration fee of \$55.00 is due with your registration to reserve class days for enrollment. This fee is for the family (not per child) and is non-refundable, but good through May 2019. A break in enrollment will place you at the end of any waiting list for your desired day/program.

By including my \$55, non-refundable registration fee, I am agreeing to participate in South Spokane Co-op, including class times, business and seminar meetings, fundraisers and quarterly clean nights.

Signature: _____ Date: _____

\$55 check made out to: South Spokane Co-op Preschool or SSCP

Please Mail Checks to SSCP Board Treasurer:

Kaylee Thomas
1618 E 13th Ave
Spokane, WA 99202

To be completed by SSCP: Registration Fee \$55 Date Received: _____ Received By: _____
