



2019-2020 Registration Form

Class Selection

Preschool Day: 9:15-11:15 AM (Children who turn 3 on or before 8/31/19 – 5 years)

Drop-off available for Potty Trained children based on child:adult ratio in program.

____ Tuesday and Thursday

Co-op Family Day: 9:00-11:00 AM (10 months – 5 years)

This program does not offer a drop-off option.

This Program is full, but there is a waitlist available. Please email us at coopsouthspokane@gmail.com to be added. We recommend joining us another day if you are able!

Co-op Toddler Day: 9:00-11:00 AM (10 months – 3 years)

This program does not offer a drop-off option.

____ Friday

Monthly Tuition*:

	1 Day / Week	2 Days / Week
1 child	\$50	\$75
2 children	\$75	\$100
Infant Sibling (up to 9 months)	\$5 / month	

Spokane Community College Fees*:

3 credits \$51.00 / qtr	Families enroll for 3 credits if they are enrolling one child one day per week
4 credits \$68.00 / qtr.	Families enroll for 4 credits if any of the following apply: - Two adults will be participating - One child is enrolled two days per week - Two or more children over 10 months in a family are enrolled

**Fees may be subject to change.*

Last Name of Child(ren): _____

Participating Adult

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

Address: _____
Street Address *Apt/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ 2nd Phone: _____

Email _____

Participating Child or Children

Child _____ Birth Date _____

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 2020. 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, membership meetings, fundraisers and quarterly clean nights.

Signature: _____ Date: _____

To be completed by SSCP: Registration Fee \$55	Date Received:	Received By:
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Last Name of Child(ren): _____

\$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