

CATHEDRAL PARK COOPERATIVE PRESCHOOL  
7119 N. Portsmouth Blvd.  
Portland, OR 97217  
(503) 283-2714

Return to:  
Angela Sipp  
(503) 247-3549

**REGISTRATION FORM**  
**School Year 2008-09**

In order to reserve a place for your child, you must return the completed registration form and enrollment agreement, and pay a \$45 non-refundable registration fee.

The membership coordinator assigns membership based of the date of receipt. Membership will be granted after the membership coordinator receives these completed forms, a copy of the immunization records, and the first and last months' tuition. Please make your check payable to Cathedral Park Cooperative Preschool (or CPCP).

- Junior class (T/Th, 3 years old by Sept. 1) — \$70 a month  
 Senior class (M/W/F, 4 years old by Sept. 1) — \$85 a month

**Student Information**

Student name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

**Parent/Guardian Information**

Parent/guardian name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ E-mail address \_\_\_\_\_  
Employer name and address \_\_\_\_\_  
Work phone \_\_\_\_\_ Work hours \_\_\_\_\_  
Parent/guardian name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ E-mail address \_\_\_\_\_  
Employer name and address \_\_\_\_\_  
Work phone \_\_\_\_\_ Work hours \_\_\_\_\_

Names and ages of other children in the family:  
\_\_\_\_\_

List any previous experience interacting with other children (daycare, Sunday school, playgroups, etc.):  
\_\_\_\_\_

Does your child have special needs (including allergies) that the teacher needs to be aware of?  
\_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

## Participation

As a cooperative preschool, each family works to support the school. Each class day, we must have at least 3, preferably 4, parent-helpers in the classroom. This means each family must sign up for at least two days each month. The total enrollment and number of class days each month will dictate exactly how many days each family must help. We also ask that parents participate in at least 3 fundraisers and take a job in the school.

Who will be doing the parent-help days? \_\_\_\_\_

If you foresee any difficulty meeting these obligations, please explain (for example, commute, pregnancy, work or school schedule, or needs of siblings)\*.

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\* Please note that you cannot be permanently excused from your parent-help duties; however, by letting us know, we may be able to offer suggestions to assist you.

## Skills & Talents

Below is a list of skills that are valuable to our program. Please check any that you have.

- Auction experience
- Bookkeeping
- Creative art
- Field trip planning
- Fundraising experience
- General handyman/repairs
- Grant writing
- Photography/scrapbooking
- Press release/writing experience
- Sewing/needle work
- Substitute teaching (teaching certificate not required)
- Web site design and maintenance
- Other:

## General

Your registration fee includes the purchase of a preschool t-shirt for your child.

Please choose a size.

Small (2-4)

Medium (6-8)

Large (8-10)

How did you hear about our school?

PCPO referral

Another parent

Sign on street

Ad (Where? \_\_\_\_\_)

Other: \_\_\_\_\_

## Enrollment Agreement

I understand that Cathedral Park Cooperative Preschool (CPCP) is a non-profit and non-discriminatory organization. CPCP is dependent entirely on its members/parents for its financial and administrative support, and in partnership with the teacher for its educational effectiveness.

I agree to the following conditions:

1. I will pay the \$45 registration fee upon signing this form. I understand this fee is not refundable. I understand that I must complete and return these forms to the membership coordinator before my child will be admitted to the school.
2. I will pay the first and last months' tuition before the first day of school. I understand that, from October to April, the monthly tuition fees are due on the first of each month. *CPCP will allow a five-day grace period. A late fee of \$25 will be assessed on the sixth day of the month. The executive board may consider missing two tuition payments as grounds for dismissal.*
3. I will give at least 30 days' written notice to withdraw my child from the school. *A refund of last month's tuition may be made if the child is withdrawn prior to March 31<sup>st</sup> of the school year. Tuition paid in advance is refundable if the child is withdrawn prior to the start of the month.*
4. I will take my share of parent-help days, and be at the school 15 minutes before class begins for set-up and stay 15 minutes after for clean-up. If I find that I cannot take my assigned day, it is my responsibility to secure a substitute.
5. I will serve on at least one preschool job or committee, and participate in at least 3 fundraisers throughout the year. In lieu of participating, I may pay \$75 (\$25 per event).
6. I will attend the parent orientation meeting at the beginning of the school year and will attend the monthly parent meetings. I will contact my class representative if I am unable to attend.
7. I understand that the executive board retains the right to request, for good cause, that a family withdraws its membership.
8. I will provide my child's immunization records by completing the Certificate of Immunization Status form.

If you will have difficulty complying with any of the conditions above, please discuss them with the membership coordinator before registering your child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# EMERGENCY RELEASE FORM

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/guardian name and address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/guardian name and address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies to medications or latex? \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

In case of accident, injury, or sudden illness requiring immediate medical care, and the child's parent or physician cannot be reached, I authorize my child to be taken to the emergency room for treatment.

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

Insurance company name \_\_\_\_\_ Policy number \_\_\_\_\_

Hospital to be taken for emergency treatment \_\_\_\_\_

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## WALKING FIELD TRIP PERMISSION SLIP

My child has permission to leave the school property for the purpose of a walking field trip\*. These trips will be taken within a two-block radius of the school, and only with 3 parent-helpers and the teacher.

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

\* For any other field trips, a separate permission slip will be sent home.

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## FIELD TRIP DRIVER INFORMATION

Parents providing transportation for field trips must have insurance and a current driver's license.

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

Insurance company name \_\_\_\_\_ Policy number \_\_\_\_\_

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