



Academic Pathways

A Cooperative Preschool

APPLICATION FORM

Child's Name _____

Name you want your child to be called in class _____

Please list any allergies your child may have (food, medicine, etc.)

Address _____ City _____ Zip _____

Home Phone _____ Child's Birthdate _____ Age _____ Sex _____

Mother's Name _____ Father's Name _____

Emergency Contact _____ Phone Number _____

Preschool Session (Please check the appropriate session):

_____ 3 Year Program (Tuesday & Thursday) - Child must be 3 by December 1st

_____ 4 Year Program (Monday, Wednesday & Friday) - Child must be 4 by December 1st

Circle one: Afternoon class OR Morning class

Siblings:

Name(s)	Age	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

E-Mail Address _____

How did you hear about Academic Pathways? _____

Membership Preferred: (please check one below)

_____ Full Co-op Member _____ Non Co-op Member _____ Partial Co-op Member

Have parents had previous experience with a co-op preschool? _____ Y _____ N

PLEASE RETURN THIS FORM WITH A \$45.00 NON-REFUNDABLE REGISTRATION FEE TO:

Academic Pathways Coop Preschool
Attn: Enrollment
30300 Schoolcraft Road
Livonia, MI 48150
(734) 261-9540

**make checks payable to
 Academic Pathways Cooperative Preschool
 (No cash please)*