



BRECKSVILLE COOPERATIVE PRESCHOOL ALUMNI ENROLLMENT FORM **2025-2026 School Year**

Alumni Enrollment begins now and **forms are due no later than Thursday, January 30, 2025**

Return this form and \$100.00 non-refundable registration fee to secure enrollment.

Checks made out to Brecksville Cooperative Preschool.

Contact Cheryl Murphy with questions 440-537-3288 or at enrollmentbreckcoop@gmail.com

MAIL FORMS TO:

Brecksville Cooperative Preschool

c/o Cheryl Murphy

P.O. Box 41385

Brecksville, OH 44141

OR Return to Mila Murphy's mailbox at school

I would like to enroll my child in the following class:

- ☐ Preschool Program: M/T 9:00 - 11:30am
☐ Pre-K 3 Day Program: W/Th/F 9:00 - 11:30am
☐ Pre-K 5 Day Program: M-F 12:30 - 3:00pm

I would like to be put on the waiting list for another program offered at the Co-Op:

☐ Y or ☐ N If yes, which program? _____

Student Information:

Child's Last Name _____ Child's First Name _____

Child's Birth Date _____ Age in September: Years _____ Months _____

Race (necessary information for govt. reporting requirements) _____

Address _____

City _____ Zip _____ Phone _____

Father's First and Last Name _____

Mother's First and Last Name _____

E-mail Address _____

I authorize the following information to be included on the class roster:

Please check all that apply:

☐ Parents' Names ☐ Child's Name ☐ Address ☐ Email Address ☐ Phone Number

Can you be an emergency helping parent? ☐ Y ☐ N

Would you be interested in a board position? ☐ Y ☐ N ☐ Maybe (need more information)

If yes, which position? _____

Please list any parent talents and careers: _____

Co-op Alumni, please indicate the previous student's name and years attending the school.

Parent Signature _____ **Date** _____