



**BRECKSVILLE COOPERATIVE PRESCHOOL OPEN ENROLLMENT FORM  
2026-2027 School Year**

**Open Enrollment is Sunday, February 8, 2026 from 9:00 – 10:00am at the school.**

2-day class registration is at 9am, 3-day at 9:30am, and 4-day at 10am

**Return this form and a \$100.00 non-refundable registration fee to secure enrollment.  
Checks made out to Brecksville Cooperative Preschool.**

P.O. Box 41385

Brecksville, OH 44141

**Contact Liz Fertal with questions 216-233-7307 or at [enrollmentbreckcoop@gmail.com](mailto:enrollmentbreckcoop@gmail.com)**

**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
- Junior K 4 Day Program: M-Th 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 Sept.: 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' Name
- 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:** \_\_\_\_\_

\_\_\_\_\_

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