

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

Open Enrollment is Sunday, February 9, 2025 from 9:00 – 10:00am at the school.

2-day class registration is at 9am, 3-day at 9:30am, and 5-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 Cheryl M	urphy with question	s 440-537-3288 or	at enrollmentbrecke	oop@gmail.com
I would like to eni	roll my child in the	following class:		
☐ Preschool l	Program: M/T 9:00	- 11:30am		
□ Pre-K 3 Da	ny Program: W/Th/F 9	0:00 - 11:30am		
☐ Pre-K 5 Da	ny Program: M-F 12:3	0 - 3:00pm		
I would like to be	put on the waiting	list for another p	rogram offered at th	e Co-Op:
□ Y or □ N If yes,	which program?			
Student Informati	ion:			
Child's Last Name		Child's First	Name	
Child's Birth Date	A	Age in Sept.: Years	Months	
Race (necessary inforn	nation for govt. reporting	g requirements)		
Address				
City		Zip	Phone	
Father's First and Last	Name			
I authorize the fol Please check all that ap	lowing information oply.	to be included o	on the class roster.	
☐ Parents' Name	☐ Child's Name	☐ Address	☐ Email Address	☐ Phone Number
Can you be an em	ergency helping pa	rent? DY DN	1	
·	-		N □ Maybe (need mo	*
Please list any par	ent talents and car	eers:		

Parent Signature Date