



## BRECKSVILLE COOPERATIVE PRESCHOOL CURRENT MEMBER ENROLLMENT FORM 2026-2027 School Year

Current member enrollment begins now and forms are due no later than Thursday, January 29, 2026

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

Checks made out to Brecksville Cooperative Preschool.

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

### MAIL FORMS TO:

Brecksville Cooperative Preschool, Inc.

c/o Liz Fertal

P.O. Box 41385

Brecksville, OH 44141

**OR** Return to Laney Fadel'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:** \_\_\_\_\_

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