



# Application

Membership use only:

Date received \_\_\_\_\_

Registration paid \_\_\_\_\_

(Check one:)

\_\_\_ 2-yr-old P/T

\_\_\_ 3-yr-old AM

\_\_\_ 4-yr-old Pre-K

Child's Name \_\_\_\_\_  
Last First Middle

Likes to be called (Name Tag) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address \_\_\_\_\_  
Street City Zip

Parent #1 Name \_\_\_\_\_ Parent #2 Name \_\_\_\_\_

Parent #Phone \_\_\_\_\_ Parent #2 Phone \_\_\_\_\_

Main Email \_\_\_\_\_ Add'l Email \_\_\_\_\_  
(will receive all email correspondence)

Please describe any disabilities or allergies that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Please describe any special fears, problems or unusual history that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Please describe the special interests of your child:

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about DACP? \_\_\_\_\_

Photo Release:

I \_\_\_ **GIVE**

I \_\_\_ **DO NOT GIVE**

permission for photographs of my child to used in DACP literature, publicity, website or social media for marketing or event purposes.

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

## Drayton Avenue Co-op Preschool Agreement

*Welcome to Drayton Avenue Co-op Preschool! When your child is enrolled, you, as well as your child, have become members of the co-op. As a member, you will be required to:*

1. remain with your child during class and assist them as needed, when enrolled in Parent/Tot.
2. assist the teacher during class on a rotating basis. Working in the classroom averages to about two classes a month, however will vary depending on the number of children enrolled in the class. If you are unable to fulfill this responsibility personally, you may do so through a regular caregiver. It is possible to trade work days with another parent or pay someone to act as a substitute. In any case, it is your responsibility to make sure your work day obligations are fulfilled.
3. provide a family-style snack for your child's class on a rotating basis--about once every other month.
4. attend the initial evening Orientation Meeting and subsequent evening General Meetings every other month.
5. serve on either the preschool's executive board or one of its committees.
6. participate in one Major Clean.
7. participate in fundraising efforts and activities.
8. to see that the health form, emergency card, and state clearances are properly completed and submitted to the Membership Chair before your child attends the first class. This is a State of Michigan requirement. We will provide all the necessary forms.
9. pay tuition when it is due. Tuition is payable in four installments, with the first payment due before school begins. The remaining payments will be collected at approximately equal intervals throughout the school year at the General Meeting. Except in unusual circumstances, tuition installments, once paid, are non-refundable. Some tuition scholarships are made available each year. If you are in need, please contact either the DACP President or Membership Chair for more details. This request is handled with the utmost confidentiality.

*If you have any questions concerning the above information, please contact the Membership Chair prior to submitting your application. By signing and returning this application, you will be acknowledging that:*

1. you have read the above information
2. you understand the \$100 enrollment fee is non-refundable
3. you understand and agree to the requirements of DACP membership.

As a member of Drayton Avenue Co-op Preschool, I agree to abide by the By-Laws and Operating Procedures of the preschool.

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

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The following documents have been properly completed and submitted to the Membership Chair:

- \_\_\_ Application/Signed Co-op Agreement
- \_\_\_ Health Form, signed by your doctor, plus official waivers if applicable.
- \_\_\_ Emergency Card
- \_\_\_ DHS Clearance **letter**
- \_\_\_ DACP Volunteer Clearance Form (ICHAT)