



Rehoboth Cooperative Preschool
P.O. Box 352
Rehoboth Beach, DE. 19971
302.227.2242
www.rehobothcooperativepreschool.org

Application Form

Applying for the Academic School Year

20__ / __

- *Application must be accompanied by a **\$60.00 Application Fee.**
- *Please make your checks payable to **Rehoboth Cooperative Preschool.**
- *This fee is **Non-Refundable.**

Child's Information (Part 1):

Child's Name (First & Last): _____

Nickname (if any): _____

Male or Female: _____

Home Phone: (____) ____ - ____

DOB: (M/D/Year) ____ / ____ / ____

Address: _____

Birthplace: _____

Left or Right Handed: _____

Allergies/Medical Concerns:

Family Information (Part 2):

Names of Any Siblings

Age of Siblings

Child Lives With (Check ONE):

Parents _____

Relatives _____

Guardian _____

Other _____



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Parent's Martial Status: (Please Circle One) Married Separated Divorced Widowed

Parent/Guardian Information (Part 3):

Mother's Name: _____

Occupation: _____

Home Address & Phone *(If different from above):*

Work Address & Phone:

Cell Phone: (____) ____ - ____

(____) ____ - ____

E-Mail: _____@____.com

Father's Name: _____

Occupation: _____

Home Address & Phone *(If different from above):*

Work Address & Phone:

Cell Phone: (____) ____ - ____

(____) ____ - ____

E-Mail: _____@____.com

I hereby make an application to Rehoboth Cooperative Preschool for the named child. I have read and completed this application to the best of my ability and knowledge.

Signature: _____

Date: _____

(Thank You for your interest in Rehoboth Cooperative Preschool.)