



Grosse Pointe Cooperative Preschool Registration

3's _____

4's _____

Name of Child: _____

Last

First

Middle

Nickname

Date of Birth: _____

Telephone: _____

Cell Phone: _____

Address: _____

Number

Street

City

Zip

Email: _____

Parents' Names: _____

Parent Occupation: _____ Parent Occupation: _____

Names and Ages of Siblings: _____

Where did you hear about the GPCP? _____

Why did you select our school? _____

Has your child had previous school experience? If so, where? _____

Do you think he/she may be upset at your leaving them? _____

What is his/her reaction to other children? _____

Does he/she play happier in a group or alone? _____

Does your child have any physical or emotional problems? If so, please describe on back. Does your child have any allergies? If so, please describe. _____

Please list any current medications. _____

Has he/she had any serious illnesses? _____

Has he/she had any unusual experiences? (Moving, death in family, etc.) _____

What are his/her interests and favorite things to do?

Does your child use crayons? _____ Scissors? _____ Glue? _____ Is your child right or left handed? _____

What specific things do you hope your child will gain from his/her preschool experience?

Are you a certified teacher in elementary education that could sub for our teacher? _____

Are you a member of Grosse Pointe Methodist Church? _____

Are you interested in serving on the Board of the GPCP? _____

\$125 Registration Fee Is Non -Refundable