

**Sandhurst Co-op Preschool
Registration Form**

Date _____

Child's Name _____ Child's Birth Date _____

Parent/Guardian's Name(s) _____

Address _____

Phone _____ Email _____

I would like to register for the following class:

- Toddlers
- Pre-3s
- 3-5s

Current Status (please check one) :

- Child is currently enrolled at Sandhurst
- Sibling of child currently enrolled at Sandhurst
- Sandhurst Alumni
- Child is currently enrolled at _____
- Child is not currently enrolled in preschool

How did you hear about Sandhurst Co-op?

- Alumni
- Friends or Family
- Flyer
- Internet
- Other _____

Please return this completed form to the Parent Coordinator of the class you are applying.

Toddlers - sandhursttoddlers@gmail.com

Pre-3 - pre3.sandhurst@gmail.com

3-5's - sandhurst3to5s@gmail.com

Please Note: Verbal acceptance is required within 24 hours of notification or your space in the class will be released. A \$40 non-refundable registration fee is required within 48 hours of notification to hold your class space.