



773-684-6363

5300 South Shore Drive
Chicago, IL 60615

Parent Co-Op for Early Learning

Wait List # _____

Classroom _____

Enrollment Application

Name of Parent(s) or Guardians(s) _____

Name of Child(ren) _____ Birthdate _____

_____ Birthdate _____

Mother's/Guardian's Home Address _____

Zip Code _____

Mother's/Guardian's Phone: Home _____ Work _____

Mother's/Guardian's Email Address _____

Father's/Guardian's Home Address _____

Zip Code _____

Father's/Guardian's Email Address _____

Father's/Guardian's Phone: Home _____ Work _____

When do you wish to enroll your child(ren)? _____

A NON-REFUNDABLE FEE OF \$40.00 PAYABLE WITH APPLICATION

A \$200.00 non-refundable registration fee will be required to secure a space.

For Office Use Only

Application Fee

Registration Fee

Date Received _____

Date Received _____

Check Number _____

Check Number _____