



WILLOW CREEK COOPERATIVE PRESCHOOL

REGISTRATION FORM

Date of registration: _____

Child's name: _____

Address: _____

City: _____ ZIP: _____ Phone: _____

Child's birth date: _____ Child's gender: _____

Mother's name: _____ Father's name: _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____
(If different) (If different)

City: _____ City: _____

ZIP: _____ ZIP: _____

Phone: _____ Phone: _____

How did you hear about Willow Creek? _____
(i.e., Alumnus, mailbox flyer, school flyer, yellow pages, driving by, friend, library, etc.)

Class: First choice: parent/tot young 3's 3 yr 4 yr a.m. 4 yr p.m.
Second choice: parent/tot young 3's 3 yr 4 yr a.m. 4 yr p.m. none

Please note: A \$35.00 non-refundable fee is due upon registration. Please submit a check or money order payable to **WCCP**. No cash please.

Mail registration form and check to: Willow Creek, 36660 Cherry Hill Road, Westland, MI 48186. Attn: Membership

For board use only

Registration #: _____ Check #: _____ Registration date: _____ Drop date: _____