



9534 Belair Road, Baltimore, MD 21236 (410) 529-8224 phcccoop.org

REGISTRATION FORM

Class Preference: (please circle one) 3AM 3PM 4AM 4PM - New ___ Current ___ Former ___ Year: ___

Child's First Name	Child's Middle Initial
Child's Last Name	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
	City: _____ State: _____ Zip: _____
Mothers First Name	Mothers Last Name:
Mothers Phone #	
Mothers Email	
Mothers occupation	
Mother CPR certified	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fathers First Name	Fathers Last Name:
Fathers Phone #	
Fathers Email	
Fathers occupation	
Father CPR certified	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child Resides With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Brothers/Sisters Names & Ages	
Is your child toilet trained	<input type="checkbox"/> YES <input type="checkbox"/> NO **Must be actively working on it**
Any special concerns about your child	
Jobs list attached	Please list in order 3 you would be interested in (can be found on www.phcccoop.org):
	1. _____
	2. _____
	3. _____
Phone number to be used for text alerts	

Application will not be accepted without \$100.00 non-refundable fee. **\$100.00**

CASH _____ **CHECK** _____ **CHECK#** _____

SCHOOL USE ONLY:

DATE RECVD _____ DATE OF REG _____ MEMBERSHIP PERSON RECVD _____ CLASS _____

Notes: