



to the G Street  
Cooperative  
Playgroup  
2022-2023

To be completed by Parent:

Sibling?                    Y        N  
Returning Student?      Y        N  
Name: \_\_\_\_\_  
Year Attended: \_\_\_\_\_

To be completed by Playgroup:

Date rec'd: \_\_\_\_\_  
Time rec'd: \_\_\_\_\_  
Check attached?    Y        N  
Initials: \_\_\_\_\_

Applications may be dropped off outside the playgroup classroom weekdays from 9:30am to 12 noon or emailed to [Gstreetcoop@gmail.com](mailto:Gstreetcoop@gmail.com). (NOTE: The playgroup is open to children who will be 2 years old by Dec. 31, 2022 and on a case-by-case basis, to 3-year-old siblings of admitted children. Please check the website's "Apply" tab for more detailed information on our siblings/twins policy.)

**We hereby make the following application for the admission of our child to the Playgroup and submit the following information:**

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_                    Present Age: \_\_\_year \_\_\_months                    Male    Female

Home Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

E-mail: \_\_\_\_\_

1st Parent's Full Name: \_\_\_\_\_

2nd Parent's Full Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Business Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Group Preference (select one):    [ ] M/W/F                    T/TH

By signing this application, I understand that if I secure a spot and wish to hold it, I agree to pay \$100 non-refundable deposit, which will be applied towards the tuition balance. I agree that if I enroll my child, full tuition for the first semester is due before my child begins the playgroup. I acknowledge that my tuition payment is non-refundable, absent compelling circumstances, and that the G Street Cooperative Board will have discretion to approve tuition refunds on a case-by-case basis. I agree that I will commit to supervise the playschool 2-3 times a month as scheduled as well as volunteer for other cooperative duties. I agree to follow the G-Street Cooperative Health Policy. **I accompany this application with a \$25 check payable to the G-Street Cooperative Playgroup or PayPal deposit to [Gstreetcoop@gmail.com](mailto:Gstreetcoop@gmail.com).** This is a non-refundable application fee.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_