

**SALINE COOPERATIVE PRESCHOOL APPLICATION**

CHILD'S NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

SCHOOL YEAR FOR APPLICATION: \_\_\_\_\_

WHICH PROGRAM ARE YOU APPLYING FOR?

- 3 YEAR OLDS (T/TH) - Morning
- 3 & 4 YEAR OLDS (T/TH) - Afternoon
- 4 YEAR OLDS (MWF) – Morning or Afternoon?
- 4 YEAR OLDS 5-day option (M-F) - Afternoon

ARE YOU A CURRENT MEMBER OF THE CO-OP? \_\_\_\_\_

WERE YOU A PREVIOUS MEMBER OF THE CO-OP? \_\_\_\_\_

IF YES, JOBS HELD: \_\_\_\_\_

The Saline Cooperative Preschool admits students of any race, gender, religion, disability, or ethnic origin. Although the Co-op rents space on the lower level of Holy Faith Church, the preschool is not affiliated.

**SALINE COOPERATIVE PRESCHOOL MEMBERSHIP CONTRACT**

In consideration for the enrollment of our child in the Saline Cooperative Preschool, we hereby agree to the following:

- attend evening membership meetings (2-3 per academic year).
- assist with your child’s class approximately 1-2 times per month.
- provide a healthy snack or drink and help with clean-up on assist days.
- participate in fundraising (or pay a \$75 opt-out fee).
- perform an assigned job for the academic year.
- make tuition payments in a timely manner.
- abide by the health standards set for the school.

In compliance with Act. No. 116, P.A. 1973 of the Administrative Rules regulating the operation of a Child Care Organization, mandated by the Michigan Family Independence Agency, Saline Cooperative Preschool requires its members to read and certify the following statement:

*I hereby certify that I, an applicant to the Saline Cooperative Preschool, have never been convicted of any offense other than a minor traffic violation, nor have I been identified by Protective Services of the Michigan Family Independence Agency for the abuse and neglect of children and/or adults.*

If I am unable to certify the above statement for any reason, I hereby certify that I have confidentially shared this information with the President of the Saline Cooperative Preschool and the Family Independence Agency.

**Please sign and return with your application:**

Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

Please send your application, membership contract, and non-refundable \$30 application fee to the address below. Make checks payable to “*Saline Cooperative Preschool.*”

Sydney Hardy, Membership Chair  
182 Circle Ct.  
Saline, MI 48176  
(734) 417-8844  
scoopmembership@yahoo.com