



*Application for Registration*  
 Dexter Cooperative Nursery School  
 P.O. Box 392, Dexter MI 48130  
 734-426-2491    www.dextercoop.com

**CHILD'S INFORMATION:** *(Please print)*

Child's Name \_\_\_\_\_  
(Last) (First) (Middle Initial) (Nickname)  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_ M/F (circle one)

**PARENT(S)/GUARDIAN(S) INFORMATION:**

Mother's Name *(first and last)* \_\_\_\_\_  
 Address *(if different from child)* \_\_\_\_\_  
 Occupation/Employer \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name *(first and last)* \_\_\_\_\_  
 Address *(if different from child)* \_\_\_\_\_  
 Occupation/Employer \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

**PROGRAM, MONTHLY TUITION AND ASSIST STATUS REQUESTED:** *Please check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> I am a 3 AM currently paying tuition. (a)            | <input type="checkbox"/> I am a 4 AM currently paying tuition. (a) |
| <input type="checkbox"/> I am a 3 PM currently paying tuition. (a)            | <input type="checkbox"/> I am a 4 PM currently paying tuition. (a) |
| <input type="checkbox"/> My child or I attended Dexter Co-op in the past. (b) | <input type="checkbox"/> I am a new member. (c)                    |

**Session Requested:**

**3 Year Old Program:** *Tuition & class time period are subject to change.*

AM Session	Tue/Thurs	8:30am-11:00am	<input type="checkbox"/> Assist \$58/month	<input type="checkbox"/> Non-assist \$114/month
PM Session	Tue/Thurs	12:15pm-2:45pm	<input type="checkbox"/> Assist \$58/month	<input type="checkbox"/> Non-assist \$114/month

**4 Year Old Program:** *Tuition & class time period are subject to change.*

AM Session	Mon/Wed/Fri	8:30am-11:00am	<input type="checkbox"/> Assist \$80/month	<input type="checkbox"/> Non-assist \$155/month
PM Session	Mon/Wed/Fri	12:15pm-2:45pm	<input type="checkbox"/> Assist \$80/month	<input type="checkbox"/> Non-assist \$155/month

**COMMITTEE OR JOB PREFERENCE:** *(Please see attached Job Description List.)*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

We/I understand that the \$25.00 Registration Fee submitted with this Application is Non-Refundable.  
 We/I understand that our child will be potty-trained by the start of the school year.

PARENT/GUARDIAN SIGNATURE _____	DATE _____	PARENT/GUARDIAN SIGNATURE _____	DATE _____
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Dexter Co-op Nursery School adheres to the principle of equal education and employment opportunity without regard to race, sex, creed, color or national origin.  
 Registration fee and first month's tuition are non-refundable per Dexter Co-op Bylaws.