

Application for The Field Station Cooperative Preschool, 2022-23 School Year

Student	Legal Name	Home Address
	Preferred Name	City, State, ZIP
	Date of Birth	Home Phone (if any)
	Gender	

Class Preference (1st, 2nd...)	Class	Schedule AM=8:30-11:30, PM=12:30-3:30	Birth Date Requirement	Registration Fee	Monthly Fee
	2-Day AM	M, F AM	on or before Aug 1, 2019	\$150	\$140
	2-Day PM	M, F PM			
	3-Day AM	T, W, Th AM	on or before Aug 1, 2018	\$175	\$200
	3-Day PM	T, W, Th PM			
	5-Day AM	M, T, W, Th, F AM			
	5-Day PM	M, T, W, Th, F PM			
	5-Day Mixed	M, F AM & T, W, Th PM			
	5-Day Mixed	M, F PM & T, W, Th AM		\$200	\$330

Parent or Caregiver #1	Name	Relationship to Student
	Cell	Occupation
	Email	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent or Caregiver #2	Name	Relationship to Student
	Cell	Occupation
	Email	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent or Caregiver #3	Name	Relationship to Student
	Cell	Occupation
	Email	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No

Please use the back for any additional caregivers who may pick up/drop off the student

About Your Child	Favorite Activities	<input type="checkbox"/> Outdoor Play	<input type="checkbox"/> Art Projects	<input type="checkbox"/> Dancing	<input type="checkbox"/> Music
		<input type="checkbox"/> Nature Activities	<input type="checkbox"/> Watching TV	<input type="checkbox"/> Books	<input type="checkbox"/> Sports
		<input type="checkbox"/> Puzzles/Games	<input type="checkbox"/> Video Games	<input type="checkbox"/> Computers	
		<input type="checkbox"/> Others, please specify:			

Other Organized Social Experiences? (day care, Sunday school)

Fears Pets

Allergies (Including Food)

Other medical conditions that may affect school participation or behavior?

Race/Ethnicity (check all that apply)	<input type="checkbox"/> African American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> White
Used Only for Statistical Purposes	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Prefer Not to Answer	

Names & Ages of Other Children in the Household

Please mail or deliver the registration fee together with this form to 399 Howe Rd, Porter, IN 46304. Returning families may email this form to Registration@FieldStationKids.org For security reasons, please do not email credit card details.

Method: Use Credit Card on File (Returning Families Only) Check or Credit Card Form Enclosed



Staff Use Only	Registration Fee	Advance Month Tuition	1st Month Tuition	CBC
Paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date				

In what ways do you expect your child to benefit from a preschool experience?

Only complete additional caregivers if needed

Caregiver #4	Name	Relationship to Student
	Cell	Occupation
	Email	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver #5	Name	Relationship to Student
	Cell	Occupation
	Email	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No