**Gale River Cooperative Preschool**  
Application for Enrollment or Waitlist

Please include $100 Non-refundable registration fee when submitting

Child’s name Nickname

Birth date

Address

City Zip

E-mail address

Guardian’s name

Phone (cell/other)

Guardian’s name

Phone (cell/other)

Names and ages of other siblings

Who is your preferred contact for ALL school information including emails?

What are your childs’ interests?

Is there anything special or unusual about your child we should know?

What are your goals for your child this school year?

Do you have any concerns or questions about the program we could address?

Each school year, based on enrollment numbers and cooperative family needs, we determine the number of days that will be offered to our families. Please indicate your preference to give us an idea of what you would be interested in for your child. The GRCP board decides on a program schedule by the spring for the upcoming school year.

* 3 day program ($360.00/month)
* 4 day program ($460.00/month)
* 5 day program ($575.00/month)
* Extended Day / Number of days per week and until what time is needed. ($15 per day or $ 70 a week)

I understand that this is a cooperative preschool; as a cooperative, the preschool is dependent on parent involvement. Members’ responsibilities include serving as classroom helpers on a rotating basis (approximately once a month), participating in fundraising activities, attending Fall and Spring meetings, and performing the administrative duties of the school by serving on the Board of Directors or committees. I understand that if I consistently fail to meet these obligations, thus ceasing to be a cooperative member, I may be asked to withdraw my child from the program.

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All applications can be submitted to:

GRCP

PO BOX 261

FRANCONIA, NH, 03580