



Burien Cooperative Preschool
206-241-6714 ~ www.burienco-op.org

For Preschool Use Only

CLASS:
1 2 3 4
Enrollment Date: _____
First Day: _____
Last Day: _____

Registration Form

Please complete all sections and return with a **\$50 Non-Refundable Registration Fee**
(Check or Money Order, Payable to BCP)
Mail to: BCP Membership Coordinator • PO Box 218 • Seahurst, WA 98062

- I have read the Burien Cooperative Preschool Handbook and understand this Co-Op requires parent involvement in weekly, monthly, and school year capacities.
- I agree to comply with the responsibilities of membership in a parent cooperative preschool as stated in the program requirements.

BCP Membership Status:			
<input type="checkbox"/> Current BCP Student	<input type="checkbox"/> Sibling of Current BCP Student	<input type="checkbox"/> Sibling of BCP Alumni	<input type="checkbox"/> New to BCP

Student Information

Last Name:	First Name:	Gender	Date of Birth:
		M F	
Address:		City:	State: Zip Code:
Ethnicity (Optional)			
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian <input type="checkbox"/> Other:
Food Allergies / Special Needs			

Parent / Guardian Information

First Parent/Guardian Name [Primary Classroom Worker]	Best Contact Phone Number:
Email:	
Occupation:	Business Phone Number:

Second Parent/Guardian Name	Best Contact Phone Number:
Email:	
Occupation:	Business Phone Number:

Where did you hear about Burien Cooperative Preschool?

B-Town Blog Other Blog Friend/Current BCP Family Other:

Emergency Contact (name/relationship to student)	Phone Number:

Parent /Guardian Signature: _____ Date: _____

The Burien Cooperative Preschool complies with all federal regulations and does not discriminate on the basis of race, color, national origin, gender, age, marital status, sexual orientation, disability, or religion.