

Date received _____ Date returned _____

PLYMOUTH CHILDREN'S NURSERY, INC
A cooperative preschool since 1962
Membership Application

Child's Name _____ Sex M / F Birthdate _____

Name the child uses _____ (e.g. Dan or Danny for Daniel)

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Parent Names (1) _____ (2) _____

Parent Driver License Numbers (1) _____ (2) _____

Please circle one:

New Child/New Parent

New Child/Returning Parent

Returning Child/Parent

Please number by order of preference the sessions in which you are interested:

- _____ Friday a.m. 9:15 – 11:15 3 years of age by Dec. 1
- _____ Tuesday & Thursday a.m. 9:15 – 11:45 4 years of age by Dec. 1
- _____ Monday & Wednesday a.m. 9:15 – 11:15 3 years of age by Dec. 1
- _____ Monday, Wednesday, Friday pm 12:30- 3:00 4-5 years of age by Dec. 1

A one-hundred (\$100.00) **NON-REFUNDABLE** application fee must be returned to the membership chair before you will be enrolled in a class. Please make checks payable to: Plymouth Children's Nursery. If your child cannot be placed in a class by October 15th, because our classes are full, seventy-five dollars (\$75.00) will be returned to you. If your first class choice is filled, your child will be enrolled in your second class choice. If you would like to be on the waiting list for your first choice, please write "wait list" beside your choice.

Please let us know how you heard about PCN: _____

Current PCN Family who referred you: _____

Please submit applications to: Plymouth Children's Nursery- Membership
5825 N. Sheldon Rd.
Canton, MI 48187
734.455.6250

PLYMOUTH CHILDREN'S NURSERY, Inc. admits students of any race, color, and national or ethnic origin.

DO NOT WRITE IN THIS AREA

Class _____ Check No. _____ Check Amt. _____

Age _____ Date Received _____