



Child's Name _____

Class _____

Co-op Workday Preference

I/We would prefer _____ or _____ for our classroom co-op work day.

I cannot work on _____.

Co-op workdays will be assigned in the order in which the completed forms and payments are received.

Lunch Bunch

I request the following days on a regular basis (cost is \$80 per day per month):

2's class: _____ Tuesday _____ Thursday

3's class: _____ Monday _____ Wednesday _____ Friday

4's class: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday

Parent Meeting Lunch Bunch _____ (\$80/year/family)

Siblings who will be attending the Sibling Center:

| Name | Age | Special Requirements |
|-------|-------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Friday Friends

This program is offered to students of the Four's Class. It meets on Fridays from 9:00 am to 2:30 pm. There is no co-op requirement in Friday Friends. Parents rotate in providing the snacks. The cost is \$110/month.

_____ Yes, I would like to enroll my child in Friday Friends