

PLYMOUTH CHILDREN'S NURSERY COOPERATIVE PRESCHOOL
BILINGUAL SCHOOL
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 Address _____

Parent Names (1) _____ (2) _____

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

Please circle one:

New Child/New Parent

New Child/Returning Parent

Returning Child/Parent

_____ Tuesday & Thursday 1:00-3:00pm 4 years of age by Dec. 1

A one-hundred dollar (\$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, Inc. 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.

Please let us know how you heard about us: _____

Current PCN Family who referred you (if applicable): _____

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. _____

Date Received _____