

CO-OP STUDENT REGISTRATION

Instructions: Please complete a registration section for **each child**, including infants, who will be attending Co-Op. (Please write DC beside daycare children's names.) Children should select their 1st and 2nd choice classes for all three periods where it applies. **However, only list the fee for your child's 1st choice class.** If the 1st choice class is full, the fee will be transferred to the 2nd choice class or refunded. **There are additional spaces for children's names and class choice on the reverse side of this form.**

NAME: _____ AGE: _____ <div style="display: flex; justify-content: space-between;"> <u>First Choice</u> <u>Second Choice</u> </div> 1 st Period: _____ 2 nd Period: _____ 3 rd Period: _____	Subtotal Class Fees:
NAME: _____ AGE: _____ <div style="display: flex; justify-content: space-between;"> <u>First Choice</u> <u>Second Choice</u> </div> 1 st Period: _____ 2 nd Period: _____ 3 rd Period: _____ 1 st period class fee: \$ 2 nd period class fee: \$ 3 rd period class fee: \$	Subtotal Class Fees: \$
NAME: _____ AGE: _____ <div style="display: flex; justify-content: space-between;"> <u>First Choice</u> <u>Second Choice</u> </div> 1 st Period: _____ 2 nd Period: _____ 3 rd Period: _____ 1 st period class fee: \$ 2 nd period class fee: \$ 3 rd period class fee: \$	Subtotal Class Fees: \$
NAME: _____ AGE: _____ <div style="display: flex; justify-content: space-between;"> <u>First Choice</u> <u>Second Choice</u> </div> 1 st Period: _____ 2 nd Period: _____ 3 rd Period: _____ 1 st period class fee: \$ 2 nd period class fee: \$ 3 rd period class fee: \$	Subtotal Class Fees: \$
GRAND TOTAL CLASS FEES SIDE 1 GRAND TOTAL CLASS FEES SIDE 2	
GRAND TOTAL CLASS FEES	

PAYMENT OF 1ST CHOICE CLASS FEES MUST ACCOMPANY THIS FORM UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH Susan Montano, Treasurer (717-530-0961).

Please make checks payable to MDHSA Co-Op South.

PARENTS NAME: _____

