

LUTHERVILLE-TIMONIUM RECREATION COUNCIL

COOPERATIVE TOTS PRESCHOOL

**APPLICATION FOR ADMISSION**

**Enrollment year:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents/ Legal Guardians: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Other children in family: (names and D.O.B) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program applying for: 4's AM \_\_\_\_\_ 3's AM \_\_\_\_\_

Lunch Bunch/ Extended Day: Mon. \_\_\_\_\_ Tue. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Food allergies: \_\_\_\_\_

If you are pregnant, when is baby due? \_\_\_\_\_

Where did you hear about the LTRC Co-op? \_\_\_\_\_

I agree to abide by the policies set forth in the Policy Statement and approved by the Lutherville- Timonium Recreation Council. A \$150 non-refundable application fee is due at the time of registration. The payment should be made through our website, [www. Ltrccoop tots.com](http://www.Ltrccoop tots.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send application to: [ltrccooperativetots@gmail.com](mailto:ltrccooperativetots@gmail.com) or

LTRC Co-op Tots. 200 Rickwood Rd. Timonium, MD 21093

