



Pea Pod Family Cooperative Playschool Application

For children ages 18-36 months. Please note: **There is a nonrefundable \$25 application fee.** Please make the check payable to "Pea Pod." and indicate your child's name and "application fee" on the check. Mail checks to: The Pea Pod, 5441 SE Belmont Street, Portland, OR 97215. You may also submit application payment via Paypal (peapodpdx@gmail.com). Thank you for your interest. If you have any questions, please email joinpeapodpdx@gmail.com or call 503.516.4680.

Today's Date: _____

First Child's Name (First, Last, MI) _____

Date of Birth: _____ Age: _____ Gender: _____

Second Child's Name (First, Last, MI) _____

Date of Birth: _____ Age: _____ Gender: _____

1st Parent/Guardian Name: _____

Pronouns: _____ Relationship to child: _____

Phone # _____ Email: _____

Street Address: _____

2nd Parent/Guardian Name: _____

Pronouns: _____ Relationship to child: _____

Phone # _____ Email: _____

Street Address: _____

Have you attended one of our Open Houses or Information Sessions? ___yes ___no

Has your child been in other childcare situations? ___yes ___no

Do you have a flexible schedule? ___yes ___no

Is at least one caretaker staying home in your household? ___yes ___no

Rank your needs for this program 1-3 with 1 being the greatest need:

___ Childcare ___ Community ___ Parent Education

How did you hear about us? _____

Who in your household has been vaccinated for Covid-19? _____

Rights of Participation

No person shall be denied the services or facilities of this organization or be excluded from participation or services because of race, age, color, sex, sexual orientation, gender expression, creed, religion, disability, or national origin; discrimination of any kind is expressly prohibited.