



The Pea Pod Family Center Cooperative Playschool Application Form

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. Thank you for your interest. If you have any questions, please email peapodpdx@gmail.com or call 503.516.4680.

Today's Date: _____

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

Date of Birth: _____ Age: _____

Gender: _____ Male _____ Female Requested Start Date: _____

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

Date of Birth: _____ Age: _____

Gender: _____ Male _____ Female Requested Start Date: _____

1st Parent/Guardian Name: _____

Relationship to child: _____

Phone # _____ Email: _____

Street Address: _____

2nd Parent/Guardian Name: _____

Relationship to child: _____

Phone # _____ Email: _____

Street Address: _____

Has your child been in other childcare situations? ___yes ___no

Have you ever been a member of a childcare cooperative? ___yes ___no

Do you have a flexible schedule? ___yes ___no

How did you hear about us? _____

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, creed, religion, disability, or national origin; discrimination of any kind is expressly prohibited.