



## 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. Thank you for your interest. If you have any questions, please email [membership@peapodpdx.org](mailto:membership@peapodpdx.org) 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: \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

**2<sup>nd</sup> 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.