



## Pea Pod Family Cooperative Playschool Application

Children ages 18-36 months. Please note: **There is a nonrefundable \$35 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: Pea Pod, 5441 SE Belmont Street, Portland, OR 97215. You may also submit application payment via Venmo (search Pea Pod Playschool @peapodpdx). Thank you for your interest. If you have any questions, please email [joinpeapodpdx@gmail.com](mailto: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: \_\_\_\_\_

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.