



**WALLINGFORD  
COOPERATIVE NURSERY  
SCHOOL KINDERGARTEN  
COMPLEMENT APPLICATION**

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Child's Birthdate (mm/dd/yy): \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address Street \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email Address (if used) \_\_\_\_\_

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Mother's Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Pediatrician's Name \_\_\_\_\_  
Office Phone \_\_\_\_\_

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Class Preference Morning KC \_\_\_\_\_ Afternoon KC \_\_\_\_\_  
Will Not Know Until After the Lottery \_\_\_\_\_  
Elementary School your child will attend: WES NPE SRS

In order to ensure the fairest registration procedure, all applications will be numbered in the order in which they are received. Once the lottery has taken place, we will endeavor to place each child into the KC class that they need. Should a conflict arise, first choice will be given to the application that was received first.

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Please continue on reverse .....

**WALLINGFORD COOPERATIVE NURSERY SCHOOL  
KINDERGARTEN COMPLEMENT  
APPLICATION (continued)**

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**Emergency Contacts** (someone local other than the child's parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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Does your child have any allergies? Please list \_\_\_\_\_

Name and Ages of Siblings \_\_\_\_\_

Have you ever had a child in this school before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Has your child been in another school before? \_\_\_\_\_

If so, what school/group/class? \_\_\_\_\_

How did you find out about Wallingford Co-op Nursery School Kindergarten

Complement Program?

Newspaper Ad? \_\_\_\_\_ Family or Friend? \_\_\_\_\_ Other? \_\_\_\_\_

**PARENTS' AGREEMENT:** It is my/our desire to enroll this child in the Wallingford Cooperative Nursery School Kindergarten Complement Program at the Wallingford Presbyterian Church. I/We understand:

1. The Nursery School is a co-operative group run by parents and teachers, however, the KC program will not be run as a cooperative.
2. If I/we would like to assist in the classroom I/we will arrange this with the class teacher and the Director of the school.
3. On such days, as the Teacher's Assistant, I/we will maintain professional confidentiality.
4. I/we have **read, understand, and agree** to the payment schedule and refund policy that is explained on the Tuition Schedule information sheet.

I/we agree to abide by the rules and regulations of the Wallingford Cooperative Nursery School and its Kindergarten Complement Program.

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

For Office Use Only

Date Application received: \_\_\_\_\_

Registration Deposit received: Y/N? \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_

Tuition Deposit Received: Y/N? \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_