



**WALLINGFORD
COOPERATIVE NURSERY
SCHOOL KINDERGARTEN
COMPLEMENT APPLICATION**

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

Mother's Name _____
Occupation _____
Work Phone _____ Cell Phone _____
Father's Name _____
Occupation _____
Work Phone _____ Cell Phone _____
Pediatrician's Name _____
Office Phone _____

Class Preference: Rank Preference 1st and 2nd choice. If not interested, leave blank.

Morning KC _____ Afternoon KC _____ Entering Lottery: Y or N

Class is T, W, Th. Add on Monday _____ Add on Friday _____

Elementary School your child will attend: WES NPE SRS Other _____

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.

Please continue on reverse

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

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

Name	Relationship	Phone #
Name	Relationship	Phone #

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 # _____