



WALLINGFORD COOPERATIVE NURSERY SCHOOL APPLICATION

Child's Name _____ Nickname _____

Child's Birthdate (mm/dd/yy): _____ Sex _____

Home Address Street _____

City _____ Zip Code _____

Home Phone _____

Email Address (if used) _____

Mother's Name _____

Occupation _____

Work Phone _____ Cell Phone _____

Father's Name _____

Occupation _____

Work Phone _____ Cell Phone _____

Pediatrician's Name _____

Office Phone _____

Class Preference Co-op _____ Non Co-op _____

All Children must be either 3 years of age or 4 years of age by **September 1, 2017** to be registered in the age appropriate class.

3-Year-Old Class 2 Days (T & Th) ___ **OR** 3 Days (T, W, & Th) ___ (The Elephant Class)

3 Days (M, W & F) ___ (The Giraffe class)

4/5-Year-Old Class 3 Days ___ **OR** 4 Days ___ **OR** 5 Days (M-F) _____

Please continue on reverse.

**WALLINGFORD COOPERATIVE NURSERY SCHOOL
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 Date of Birth 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?

Newspaper Ad? _____ Family or Friend? _____ Other? _____

Please indicate if either parent has teaching experience and would be willing to substitute in a co-op class: _____

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

1. This is a co-operative group run by parents and teachers.
2. My/our services as a worker on a maximum of nine (9) mornings are required, if I/we elected to co-op. If we elect to not co-op, I/we agree to pay the additional \$375 to cover the cost of an aide.
3. That the Co-op parent, as the Teacher's Assistant, should maintain professional confidentiality.
4. My/our presence is required at scheduled Parents' Meetings and one Board Meeting per year.
5. I/we must serve on a school Committee.
6. 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.

Signature: _____ Date: _____

For Office Use Only

Date Application received: _____

Registration deposit received: Y/N? _____ Date: _____ Check # _____

Tuition deposit received: Y/N? _____ Date: _____ Check # _____