



# WALLINGFORD COOPERATIVE NURSERY SCHOOL 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 Co-op \_\_\_\_\_ Non Co-op \_\_\_\_\_

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All Children must be either 3 years of age or 4 years of age by **September 1** of school year 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 (T,W,Th) \_\_\_ **OR** 4 Days \_\_\_\_ **OR** 5 Days (M-F) \_\_\_\_\_

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Please continue on reverse.

**WALLINGFORD COOPERATIVE NURSERY SCHOOL  
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 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 # \_\_\_\_\_