



WALLINGFORD COOPERATIVE NURSERY PLAYSCHOOL HIPPOS APPLICATION

Child's Name _____ Nickname _____
Child's Birthdate (mm/dd/yy): _____ **(Child must have been born in 2016)** 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 Selection

Tuesdays and Thursdays _____ (Annual tuition \$1680)

(If you check this box, the teacher will schedule you to come in once a month in order to help and play with your child and his/her friends. This is optional. The class will have a full time aide and is not dependent on parent assistance in order to run.)

Please continue on reverse

**WALLINGFORD COOPERATIVE NURSERY SCHOOL
PLAYSCHOOL HIPPOS 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 Playschool Hippos 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 Playschool Hippos program will not be run as a cooperative. Parental assistance will be allowed on a basis scheduled by the teacher. The exact days and the frequency of these days will be mutually agreed on between the teacher and the parents.
2. On such days that I/we act as the Teacher's Assistant, I/we will maintain professional confidentiality.
3. 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 PlaySchool Hippos Program.

Signature: _____ Date: _____

For Office Use Only

Date Application received: _____

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

Tuition Deposit Received: Y/N? _____ Date: _____ Check # _____