



# WALLINGFORD COOPERATIVE NURSERY PLAYSCHOOL APPLICATION

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Birthdate (mm/dd/yy): \_\_\_\_\_ **(Child must have been born in 2007)** 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 Selection

Tuesdays and Thursdays \_\_\_\_\_ (Annual tuition \$1260)

Are you interested in "Co-oping?" \_\_\_\_\_

(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.)

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Please continue on reverse .....

**WALLINGFORD COOPERATIVE NURSERY SCHOOL  
PLAYSCHOOL 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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Name and Ages of Siblings \_\_\_\_\_

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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 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 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 Play School Program.

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

For Office Use Only

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

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

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