



**WALLINGFORD**  
CO-OP NURSERY SCHOOL  
110 E. Brookhaven Road  
Wallingford, PA 19086  
(610) 891-9165  
[www.wallingfordcoop.org](http://www.wallingfordcoop.org)

# Playschool

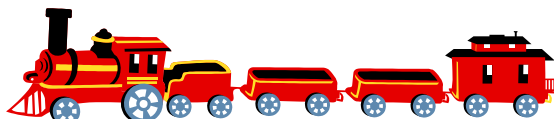
*Playschool is a structured play program designed for children who either just miss the cut off date for enrollment in nursery school, (toilet trained or not) or, who make the cut off date, but are not yet toilet trained. It is an ideal way to transition your child into a pre-school setting.*

*The class will be led by an experienced teacher and will focus on social emotional development and learning through creative play.*

## Example of a Typical Day

(9:15 a.m. – 11:45 a.m.)

Arrival and Circle Time  
Center Time (Crafts & Creative Play)  
Snack  
Play Time (Inside or Outside)  
Story  
Dismissal





# 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 # \_\_\_\_\_

## **TUITION SCHEDULE**

Applications should be sent to the above address. They will be accepted as determined by the postmark on a first come, first served basis. No application will be processed unless the **non-refundable** registration fee is received. The registration fees are as follows:

### Nursery School:

New students - \$50 registration fee

Returning students - \$50 registration fee

### Kindergarten Complement and Playschool:

All students - \$50 registration fee

**FOR ALL CLASSES** a tuition deposit amounting to 25% of the annual tuition will be due by May 1, 2010. If this deposit is not received by May 1, 2010, the child's place in the class requested will no longer be held and the registration fee will be forfeited.

### Tuition Payment Schedule

Tuition payments can be made in two ways.

Firstly, the annual tuition may be paid in full by Parent Night of September 2010. A 5% discount will be given if a family chooses this option.

Secondly, the annual tuition will be divided into 4 equal payments, so with each payment, 25% of the annual tuition is paid.

The first tuition payment is due May 1, 2010. (This acts as the tuition deposit.)

The second payment is due September 2010. It can be brought to Parent Night which is held in the week before the first day of the school year. The third tuition payment is due December 1, 2010, and the final payment is due March 1, 2011. (Alternative payment plans can be worked out at the discretion of the Director and Treasurer.)

### Refund Policy

All withdrawals must be in writing.

If a child is withdrawn prior to August 1, 2010, a full refund of the tuition deposit will be made.

If a child is withdrawn after July 31, 2010, no refund will be made.

Furthermore, the family will be liable for the annual tuition unless the position held for them is filled by another student.

### Fee Schedule:

Late payments: Tuition payments more than two weeks late will be assessed a late fee of \$25.00.

Guest Fee: Families are allowed one guest per quarter with prior approval from the teacher. A fee of \$10 per guest will be charged.