



**WALLINGFORD
COOPERATIVE NURSERY
SCHOOL KINDERGARTEN
COMPLEMENT APPLICATION**

Child's Name _____ Nickname _____

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

Home Address Street _____

City _____ Zip Code _____

Parent #1 Name _____

Occupation _____ Cell Phone _____

Email Address _____

Parent #2 Name _____

Occupation _____ Cell Phone _____

Email Address _____

Pediatrician's Name _____

Office Phone _____

Class Preference: Rank Preference 1st and 2nd choice.

Morning KC _____ Afternoon KC _____ Entering Lottery: Y or N

Class is T, W, Th. Add on Monday _____ Add on Friday _____

Elementary School your child will attend: WES NPE SRS Other _____

Emergency Contacts (someone local other than the child's parents)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

**WALLINGFORD COOPERATIVE NURSERY SCHOOL
KINDERGARTEN COMPLEMENT
APPLICATION (continued)**

To help us best serve the needs of your child, please indicated any special needs your child may have:

Does your child have an IEP or receive services of any kind? Yes No

If yes, please describe _____

Does your child have any allergies or physical limitations? Please list _____

Name and Date of Birth of Siblings _____

Have you ever had a child in this school before? _____ If so, when? _____

How did you hear about us? _____

PARENTS' AGREEMENT: It is my/our desire to enroll this child in the Wallingford Cooperative Nursery School Kindergarten Complement 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 KC program will not be run as a cooperative.
2. If I/we would like to assist in the classroom I/we will arrange this with the class teacher and the Director of the school.
3. On such days, as the Teacher's Assistant, I/we will maintain professional confidentiality.
4. 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 Kindergarten Complement Program.

Signature: _____ Date: _____

For Office Use Only

Date Application received: _____

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

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