



WALLINGFORD COOPERATIVE NURSERY SCHOOL APPLICATION

(Please type or print clearly)

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 Co-op _____ Non-Co-op _____

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.

3/4-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) ___

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

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

**WALLINGFORD COOPERATIVE NURSERY SCHOOL
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 _____

Did siblings or other family members attend this school? If so, when? _____

Are you a member of Wallingford Presbyterian Church? Yes No

Has this child been in school before? If so, what school/group/class? _____

Please indicate if either parent has teaching experience and would be willing to substitute in a co-op class: _____

How did you hear about us? _____

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 \$450.
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 # _____