



WALLINGFORD COOPERATIVE NURSERY PLAYSCHOOL APPLICATION

Please Print Clearly

Child's Name _____ Nickname _____

Child's Birthdate (mm/dd/yy): _____ (**Turns 3 between 9/2 and 12/31**) Male / Female

Home Address: Street _____

City _____ Zip Code _____

Parent #1 Name _____

Occupation _____ Cell Phone _____

Email Address _____

Parent's #2 Name _____

Occupation _____ Cell Phone _____

Email Address _____

Pediatrician's Name _____

Office Phone _____

Class meets Tuesday and Thursday

Co-oping is NOT required for this class but if you are interested, check here and the teacher will schedule you days to come in. and co-op. _____

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

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

**WALLINGFORD COOPERATIVE NURSERY SCHOOL
PLAYSCHOOL 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 attend this school? If so, when? _____

Has your child been to school or group setting before? _____ If so, where & when? _____

Are you a member of the Wallingford Presbyterian Church? Yes No

How did you hear about us? _____

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 # _____