



**WALLINGFORD
COOPERATIVE NURSERY
SCHOOL KINDERGARTEN
COMPLEMENT APPLICATION**

Child's Name _____ Nickname _____

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

Home Address Street _____

City _____ Zip Code _____

Home Phone _____

Email Address (if used) _____

Mother's Name _____

Occupation _____

Work Phone _____ Cell Phone _____

Father's Name _____

Occupation _____

Work Phone _____ Cell Phone _____

Pediatrician's Name _____

Office Phone _____

Class Preference Morning KC _____
Will Not Know Until After the Lottery _____

In order to ensure the fairest registration procedure, all applications will be numbered in the order in which they are received. Once the lottery has taken place, we will endeavor to place each child into the KC class that they need. Should a conflict arise, first choice will be given to the application that was received first.

Please continue on reverse

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

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

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name and Ages of Siblings _____

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 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.

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 # _____