

Cooperative Nursery School

602 W. Green Street Urbana, IL 61801 Phone: 217-384-1128

E-Mail: coopnursery@aol.com Web: www.coopnursery.org

Application for Admission

Child's Full Name: _____ Nickname: _____

Sex: M [] F [] Birthday: _____ - _____ - _____ Age on Sept 1, 2011: _____

Address: _____ City & Zip: _____

Phone: _____ E-Mail: _____

Parent/Guardian Information

Name: _____ Occupation: _____

Employer: _____ Phone: _____

Cell Phone: _____ Relationship to Child: _____

Name: _____ Occupation: _____

Employer: _____ Phone: _____

Cell Phone: _____ Relationship to Child: _____

Name of Parent/Guardian with whom the child resides: _____

Program

Please select:

- | | | |
|--|---|-----------------|
| <input type="checkbox"/> Two's Class | <input type="checkbox"/> \$110/month (assisting in classroom) | 2 days/week |
| | <input type="checkbox"/> \$140/month* | (Mon & Wed) |
| <input type="checkbox"/> Three's Class | <input type="checkbox"/> \$135/month (assisting in classroom) | 3 days/week |
| | <input type="checkbox"/> \$165/month | (Mon, Wed, Fri) |
| <input type="checkbox"/> Four's/Five's Class | <input type="checkbox"/> \$195/month (assisting in classroom) | 4 days/week |
| | <input type="checkbox"/> \$250/month | (Mon – Thurs) |

*Director's approval required

Early drop-off is available for an additional fee.

How did you hear about Coop? _____

I/We understand that:

I. As a cooperative, Cooperative Nursery School encourages all families to work in the classroom. **All** families are expected to work outside the classroom on fundraising projects and property work. Those families who also assist in the classroom will receive a tuition discount (please see above).

II. Please include a \$50 nonrefundable registration fee per family with your completed application(s). If there is a waiting list for the class you choose, your registration fee will be returned until the space is made available. Please make your check payable to: **Cooperative Nursery School**.

Signed: _____

Date: _____