

Cooperative Nursery School

602 W. Green Street Urbana, IL 61801

Phone: 217-384-1128

E-Mail: coopnurserycu@gmail.com

Web: www.coopnursery.org

Application for Admission

Child's Full Name: _____ Nickname: _____

Sex: M [] F [] Birthday: _____ - _____ - _____ Age on Sept 1, 2022: _____

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: _____

Please list the language(s) your child speaks/understands: _____

Please select:

<input type="checkbox"/> Two's/Three's Class	<input type="checkbox"/> \$241/month (assisting in classroom)	3 days/week
	<input type="checkbox"/> \$301/month (cleaning)	(Mon, Wed, Fri)
	<input type="checkbox"/> \$331/month (non assisting)	

<input type="checkbox"/> Four's/Five's Class	<input type="checkbox"/> \$283/month (assisting in classroom)	4 days/week
	<input type="checkbox"/> \$363/month (cleaning)	(Mon – Thurs)
	<input type="checkbox"/> \$403/month (non assisting)	

(15% discount for second/younger sibling)

How did you hear about Coop? Chambanamoms Facebook Word of mouth Other _____

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.
- II. Please include a \$100 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: _____