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, 2023:		
Addre	ess:		City & Zip:		
Phone	e:		E-Mail:		
Parer	nt/Guardian Informa	ition			
Name	e:		Occupation:		
Employer:			Phone:		
Cell P	Phone:		Relationship to Child:	<u>-</u>	
Name	e:		Occupation:		
Employer:			Phone:		
Cell Phone:			Relationship to Child:		
Name	of Parent/Guardian	with wl	nom the child resides:		
Pleas	e Note the language	(s) you	r child speaks and understands:		
[] [] [] (15%	e select: Two's Class Three/Four's Class Four's/Five's Class discount for second/	, ,	5 ,	2 days/week (Tues & Thurs) 3 days/week (Mon, Wed, Fri) 4 days/week (Mon – Thurs)	
Other I/We if Coope work of the class activite choose	understand that: erative Nursery Schooutside the classroor assroom will receive e include a \$100 nor by fee of \$25 per sem	ool encom on fu a tuition refund ester fo	able registration fee with each completed a or all field trips/enrichments. If there is a wa be returned until the space is made availab	m. All families are expected to be families who also assist in application(s). There is also an aiting list for the class you	
Signed:			Date:		