



A cooperative nursery school established in 1950

Application for School Year Starting Fall of _____
(year)

Child's Full Name: _____ Name Called: _____

Address: _____
(number, street, city, state and zip code)

Home Phone: (____) _____ Child's Birth Date: _____

Father Work: (____) _____ Child's Gender: Male / Female

Mother Work: (____) _____

Parents' Names: _____

Parents' E-mail: _____

Sibling Names & Ages: _____

Are you interested in sibling sitting for your younger child while you co-op? Yes No

Please Select Program (you may indicate 1st or 2nd choice): (Your child should be the appropriate age by September 1.)

2-Year Old Class (Yellowbirds): 2 days, W & F (younger), Tu & Th (older)

3-Year Old Class (Bluebirds): 3 days or 4 days or 5 days*

4-Year Old Class (Redbirds): 5 days*

* Parents of students attending 5-days ONLY, may request a co-oping frequency below:

(Please refer to school's tuition schedule on website for corresponding monthly tuition amounts)

Full Co-op (co-ops 3 days out of 4 weeks with 1 day "emergency backup")

Partial Co-op (co-ops 2 days out of 4 weeks with 1 day "emergency backup")

Once a Month Co-op (co-ops 1 day out of 4 weeks with 1 day "emergency backup")

(very limited slots available for Once a Month and Partial co-ops, based on class size & co-op mix)

Please select ONE:

New student Returning student Sibling of: Current student Alumnae

if "Alumnae" please list Alumnae's Name & Years he/she attended Suburban Nursery School

Please tell us the primary language spoken in your home and any other languages spoken in your home.



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Please describe any concerns you have regarding your child's development so that we can best meet your child's specific needs. These may include concerns regarding speech, physical, emotional, social, or cognitive development. (This information is confidential and will not influence acceptance.)

Please describe any medical needs, allergies, or medications your child takes on a regular basis.

Why do you want your child to attend Suburban Nursery School?

I agree to fulfill my obligation as a parent in the Suburban Nursery School by co-oping in the school as scheduled, serving on a committee, attending parent meetings, and performing clean-up duties. I understand that four-year olds must be toilet trained, it is encouraged for three-year olds, and is not required for two-year olds. I understand that my child must have all state required immunizations prior to the opening of school and that the co-oping parent must have had a TB test. I understand the above obligations and the philosophy of the school.

Signature: _____

Please enclose the non-refundable application fee of \$55, payable to "Suburban Nursery School".

Suburban Nursery School does not discriminate on the basis of race, color or national origin.

For office use only:

Appl. rec'd: _____ Accept sent: _____ Sept deposit rec'd: _____ Accept decl.: _____