

2019-2020 APPLICATION FOR ENROLLMENT

Child's Full Name:	Date of Birth:
Home Address:	
Home Phone:	
Parent 1's Name:	Parent 2's Name:
Parent 1's Cell Phone:	Parent 2's Cell Phone:
Parent 1's Email:	Parent 2's Email:
Please check the Program for which you are applying:	
2 ½'s Class (2 days, M-Tu 9-11:30am) 3's Class (3 days, W-F 9-11:30am)	
4's Class (4 days, Tu-F 9-11:30am)	
	4. 1.11 /1 / 21/
* Child may start in 2 1/2's class at the beginning of the m	onth in which he/she turns 2 ½.
Please check the Extended Day Programs for which ye	
Cooking & More, 10 week session (Tuesday or Wednesday)	ž /
Tuesday Cooking & More (All 3 Sessions)	Wednesday Cooking & More (All 3 Sessions)
Tuesday Cooking & More (Session A, Oct-Dec)	•
Tuesday Cooking & More (Session B, Dec-Mar)	Wednesday Cooking & More (Session B, Dec-Mar)
Tuesday Cooking & More (Session C, Mar-May)	Wednesday Cooking & More (Session C, Mar-May)
Lunch Bunch (Wednesday and/or Thursday 11:30am-1p	om):
Wednesday Lunch Bunch	Thursday Lunch Bunch
* Limited enrollment. Enrollment is on a first come, first	serve basis.
* For Extended Day Programs, the child must be 3 years	old and ready for the longer day. Child must be potty
trained for Cooking and More. A child who is in the proc	ess of potty training will be considered for Lunch Bunch
following a director-parent conversation.	
Please check the following:	
New Applicant, \$50	
Returning Student, \$40	
Applicant with more than one child in the same fami	ly, \$60 per family
* We offer a sibling discount. Families with more than on	ne child enrolled at the Co-op receive 10% off tuition for the
younger children. The oldest child must pay full tuition.	
Former Member, \$40 Name(s) and dates attended	led:
Payment Option:	
Authorization to bill via PayPal	Check Enclosed
* Application fees are non-refundable.	
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i arent signature;	Date:

I would be interested in serving on the Board of Directors.

The Madison Cooperative Nursery School admits students of any race, color, and national or ethnic origin.