

APPLICATION FORM

The Cooperative Playschool, Inc.

611 East Prospect Avenue

State College, PA 16801

(814) 238-3922

www.cooperativeplayschool.com

Received: _____

Check #: _____

Check if Alumni family _____

Acceptance letter sent (date) _____

Child's Name _____ Sex _____ Birthdate _____
LAST FIRST (NICKNAME) M/F

Group in which child is to be enrolled:

younger group (3-4 years old) _____ older group (4-5 years old) _____

Number of days: 2(T/Th) _____ 3(M/W/F) _____ 5(M-F) _____

Mother's Name:

Address: _____

E-mail address: _____

Telephone: _____

(home)

(work)

Father's Name:

Address: _____

E-mail address: _____

Telephone: _____

(home)

(work)

1. Please list ALL the people, including parents, who live in your child's home. Next to the person's name write the relationship to the child and the sibling ages.

2. Do parents anticipate any difficulty in fulfilling work obligations for the entire school year? (For example, moving mid-year, sabbatical leave, etc.) No _____ Yes _____ (If yes, please explain)

3. Has your child or a sibling attended the Co-op before? Yes _____ No _____

4. For a returning child, has there been any change in medical condition or history?

No _____ Yes _____ (If yes, please explain) _____

5. Please provide any additional information you feel would be helpful in understanding your child's needs (For example, difficulty separating, problems with toilet training, allergies, etc.):

6. How did you hear about the Co-op? _____

Parent's Signature

Date

Please return to the Cooperative Playschool:

- Completed Application Form
- \$50 Application Fee (payable to Cooperative Playschool). Application Fee is nonrefundable.