

Playmates Cooperative

NURSERY SCHOOL

APPLICANT INFORMATION					
Child's Name:			Today's Date:		
Date of birth:		Gender:		Desired start date:	
Current address:					
City, State:				Zip Code:	
Family Information					
Are you a returning family?					
Parent/Guardian 1:			Parent/Guardian 2:		
Address (if different from Child):			Address (if different from Child):		
City:		State:	ZIP Code:		
City:		State:	ZIP Code:		
Phone Primary:		Occupation:		Phone Primary:	
Secondary:				Secondary:	
E-mail:			E-mail:		
PROGRAM INFORMATION					
AM Session (9am-12pm) <input type="checkbox"/>			If your choice is not available would you consider the other? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
PM Session (1pm-4pm) <input type="checkbox"/>					
Y5/Transitional Kindergarten (9am-12pm) <input type="checkbox"/>					
What are the numbers of days you require? <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3					
If less than 5 Days, Specify what days of the week you prefer: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F					
Do you need Extended Care and/or Lunch Bunch <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you want to be a teaching family? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state your workday preferences. Specify your 1 st , 2 nd , and 3 rd choices, one of which will be used to schedule your stand-by day: 1 st _____ 2 nd _____ 3 rd _____		
If yes, please check required Time slots and Days:					
<input type="checkbox"/> 7:30-8:30 (AM/Y5 EC)		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> 8:00-9:00 (AM/Y5 EC)		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> 12:00-1:00 PM (Lunch Bunch)		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> 1:00-4:00 PM (AM/Y5 EC)		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> 4:00-5:00 PM		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> 5:00-6:00 PM		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
How did you hear about us?					
<i>Please return the completed application with a check for your \$50.00, non-refundable registration fee, made payable to: Playmates, Inc</i>					
FOR OFFICE USE ONLY					
<input type="checkbox"/> \$50.00 Fee paid		Check # _____ Date _____		Eligible for admission _____	
Enrollment Letter Sent _____			Welcome Packet Sent _____		