

Belmont Cooperative Nursery School Enrollment Application for 2010-2011

___ **2 morning class: for children who are 3.0 by 1/31/11.**
Children must be 2 years, 9 months of age in order to start school.
Those children with birthdays between 12/2/08 and 1/31/09 will be
phased into the 2-day class in September and October.
Tuesday & Thursday, 9am-11:30am

___ **3 morning class (for children who are 3.0 by 9/1/10)**
Monday, Wednesday & Friday, 9am-11:45am

___ **4 afternoon class (pre-K class for children who are 4.0 by 9/1/10)**
Monday to Thursday, 12:15pm-3:00pm

Child's Name _____
Child's Birth Date ____/____/____

Nickname _____
Gender _____

Home Address _____

Phone _____
Email _____

How did you hear of Belmont Co-op?

Is this child currently enrolled at Belmont Co-op? ___ Yes ___ No
If no, have you ever had a child enrolled in Belmont Co-op? ___ Yes ___ No
If yes: Child's Name _____ Year(s) in school _____
Is Parent/Guardian a former Belmont Co-op student? ___ Yes ___ No
If yes: Name at school _____ Years attended _____

Name of Parent/Guardian _____
Business Address _____

Current / Previous Occupation _____

Relationship _____
Phone (day) _____

Name of Parent/Guardian _____
Business Address _____

Current / Previous Occupation _____

Relationship _____
Phone (day) _____

Names and birth dates of other children in the family:

I agree to pay a deposit of \$500.00 promptly upon acceptance of this application by the School in order to enroll my child. **I understand that this deposit is non-refundable, as are all payments to BCNS.**

Signature of Parent/Guardian _____

Date _____

A non-refundable \$50.00 application fee, payable to Belmont Cooperative Nursery School, must accompany this application. Please mail the form and your check to: Belmont Cooperative Nursery School, Attn: Admissions, 421 Common Street, Belmont MA 02478.

.....For School Use Only.....
Date Rec'd _____ Source Code _____ Application Fee Rec'd _____ Accepted _____ Waitlisted _____