

**Willington Nursery Cooperative**



**APPLICATION FORM**

Return form along with a \*\$75\* (per family) non-refundable application fee to:

Willington Nursery Cooperative  
P.O. Box 58  
Willington, CT 06279

\*\*\$25.00 will be deducted from first month tuition – if not attending \$75.00 fee will be forfeited\*\*

**STUDENT INFORMATION**

<b>Child's Name:</b>	<b>Today's Date:</b>
<b>Mailing Address:</b>	<b>Phone:</b>
	<b>Date of Birth:</b>
	<b>Sex: M F</b>
	<b>Language spoken at home:</b>
<b>First name you want child called by teachers:</b>	
<b>Doctor's Name:</b>	<b>Doctor's Phone:</b>

**ENROLLMENT INFORMATION**

**Desired Entrance Date:**

**Desired Class (circle one)**

3 yr. old T/TH a.m. 9:00 – 11:30

4 yr. old M/W/F a.m. 9:00 – 11:30

4 yr. old M/T/W/TH/F a.m. 9:00 – 11:30

**FAMILY INFORMATION**

	Mother/Guardian	Father/Guardian
<b>Name:</b>		
<b>Home Address:</b>		
<b>Home Phone:</b>		
<b>Business Address:</b>		
<b>Business Phone:</b>		
<b>Cell Phone:</b>		
<b>E-Mail</b>		

**BROTHERS & SISTERS**

Name	Age	Name	Age
1.		3.	
2.		4.	

**Have you had any other children attend this program? (if yes, child's name & year)**

**How did you hear about Wellington Nursery Cooperative Program?  
(example: friend, newspaper, poster)**

**CHILD'S HISTORY**

**Has your child had previous group experience? If yes, please explain.**

**Are there any facts about this child's family situation which you feel would be helpful for the teachers to know? (Recent divorce, new siblings, recent move, etc.)**

**Are there any facts about this child's development which you feel would be helpful for the teacher to know? (Late walker or talker, extremely shy, frequent temper tantrums, fears (ex. thunder/lightning), etc.)**

**Does this child have any physical limitations? (Unable to use stairs, etc.)**

**Does this child have any allergies? If yes, please explain (also indicate if an EpiPen is needed)**

**NO person shall be discriminated against on account of race, sex, color, religion, national, or ethnic origin in regard to membership in the Wellington Nursery Cooperative, Inc. or enrollment in its programs.**

**This form is NOT an enrollment agreement. Acceptance is dependent upon return of the completed application form, registration fee and the availability of space.**

**\*Your child may not start school without a completed Health Form and a Helping Parent Health and TB Form.**

**Signature of Parent or Guardian** \_\_\_\_\_