

Application for Admission _____ 3 day _____ 2 day Year _____

Bedford Cooperative Nursery School, Inc.

Family Last Name: _____ Child's Name: _____

Child's Birth Date: _____ Sex: _____ Male _____ Female _____

Address: _____ Suite No. _____ Phone: _____

City: _____ Zip Code: _____

Marital Status of Parents: _____ Married _____ Divorced _____ Separated _____ Single Parent _____ Other _____

Father: First/Last Name: _____ Occupation: _____

Mother: First/Last Name: _____ Occupation: _____

Are you interested in a Board Position? _____ No _____ Yes; which position _____

What is the best way to contact you? _____

Email Address: _____

I DO _____ I DO NOT _____ give my permission to have my name, phone number, address, child's name and birthday listed on the class roster

List names and birthdates of other children in the family:

Is your child handicapped in anyway? _____ No _____ Yes; please explain _____

Are you a returning parent: _____ No _____ Yes _____

Please return within one week of receipt accompanied by a non-refundable registration fee of \$25.00

Please note: Families returning from previous years will have priority over new applicants if they apply by February 28th. After that date, acceptance will be on a first-come, first served basis.

For Internal Use Only:
Date Received: _____
Date Paid: _____