



WINCHESTER COOPERATIVE NURSERY SCHOOL

478 Main Street
Winchester, MA 01890
(781) 729-2003
www.winchestercoop.org

***** APPLICATION FOR 2010-2011 SCHOOL YEAR *****

Child's Name _____ Birthdate _____ Male/Female _____

Home Address _____

Home Phone: _____ E-mail: _____

Please check all appropriate boxes:

Returning Student Sibling New Student Legacy

Children at Home _____ Birthdate _____

_____ Birthdate _____

_____ Birthdate _____

Parent's Name _____ Residence Phone _____

Employer _____ Cell Phone _____

Work Address _____ Work Phone _____

Parent's Name _____ Residence Phone _____

Employer _____ Cell Phone _____

Work Address _____ Work Phone _____

Two's (Toddlers) 15 weeks each semester

1 Afternoon (Weds. 12-2:00 pm) 2.1-2.11 years Fall Semester: Sept. 22-Jan. 26; Spring Semester: Feb. 2-May 25

Class Preference:
First Choice _____
Second Choice _____
Third Choice _____

<i>Three's Classes (Young)</i>	
3 Morning (MWF)	3.0-4.0 years
3 Morning (TuThF)	3.0-4.0 years
4 Afternoon (M/Tu/Th/F)	2.9-3.11 years
<i>Four's Classes (Pre-Kindergarten)</i>	
4 Morning (M-Th)	4.0-5.0 years
4 Afternoon (M-Th)	4.0-5.0 years

You are aware of the parent help commitments and are planning to fulfill your responsibility? Yes ___ No ___

Parent Signature _____ Date _____

Please enclose your \$50.00 non-refundable application fee.

WCNS accepts students of any religion, race, sex, cultural heritage and/or national origin, and without regard to ability or disability, or the political beliefs or marital status of the parent(s) or guardian(s).



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Please call the office at 781-729-2003 anytime if you have questions. Leave your name and indicate daytime or evening contact phone number. Thank you.

Rev. 5/3/10