**CLOVERDALE COOPERATIVE PRESCHOOL**

**APPLICATION FOR 2017 – 2018**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent A’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent A’s Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent B’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent B’s Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(both parents)**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_\_\_**

**Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age as of Sept 1st:\_\_\_\_\_\_yrs.\_\_\_\_\_\_mos.**

**Other children in the family Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_**

 **(as of September 1st) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_**

**Are you a former Cloverdale Parent? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

**Full Name of Alumnae\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year enrolled \_\_\_\_\_\_\_\_**

**How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please specify days interested in enrolling your child in morning program:**

**\_\_\_\_\_2 Days (Monday, Tuesday/8:30-12:30)**

**\_\_\_\_\_2 Days (Thursday, Friday/8:30-12:30)**

**\_\_\_\_\_3 Days (Monday, Tuesday, Wednesday/8:30-12:30)**

**\_\_\_\_\_3 Days (Wednesday, Thursday, Friday/8:30-12:30)**

**\_\_\_\_\_4 Days (Monday, Tuesday, Thursday, Friday/8:30-12:30)**

**\_\_\_\_\_5 Days ( Monday – Friday/8:30-12:30)**

**Please specify days interested in enrolling your child in the extended day:**

**\_\_\_\_\_2 Days (Monday, Tuesday/8:30-3:30)**

**\_\_\_\_\_2 Days (Thursday, Friday/ 8:30-3:30)**

**\_\_\_\_\_3 Days (Monday, Tuesday, Wednesday/8:30-3:30)**

**\_\_\_\_\_3 Days (Wednesday, Thursday, Friday/8:30-3:30)**

**\_\_\_\_\_4 Days (Monday, Tuesday, Thursday, Friday/8:30-3:30)**

**\_\_\_\_\_5 Days (Monday - Friday/8:30-3:30)**

**Please specify days interested in enrolling your child in the new FULL day option:**

**\_\_\_\_\_2 Days (Monday, Tuesday/8:15-5:15)**

**\_\_\_\_\_2 Days (Thursday, Friday/ 8:15-5:15)**

**\_\_\_\_\_3 Days (Monday, Tuesday, Wednesday/8:15-5:15)**

**\_\_\_\_\_3 Days (Wednesday, Thursday, Friday/8:15-5:15)**

**\_\_\_\_\_4 Days (Monday, Tuesday, Thursday, Friday/8:15-5:15)**

**\_\_\_\_\_5 Days (Monday - Friday/8:15-5:15)**

**\*8:15 drop off only available for full day slots to 5:15 PM**

**\*THE APPLICATION FEE OF $50 MUST ACCOMPANY THIS APPLICATION**\*

**Please return to:**

 **Laura Andersen/Business Administrator**

**Cloverdale Cooperative Nursery School**

 **130 Pine Street, Florence, MA 01062**

**\_\_\_\_\_\_\_Check here if you are interested in receiving the Richard Russell**

 **Scholarship Application**

**Please complete below as well.**

**In what ways do you believe your child will benefit from attending Cloverdale preschool?**

**Understanding that Cloverdale is administered as a parent cooperative, please list the areas that you would like to offer assistance in. Please specify the particular area that you wish to help with, or a hobby, skill or occupation that would prove helpful with your committee obligations.**