

**CORNER CO-OP NURSERY SCHOOL, INC.**

**1773 BEACON STREET**

**BROOKLINE, MA 02445**

**617- 738- 4631**

**[www.cornercoop.org](http://www.cornercoop.org)**

The CORNER CO-OP operates from September through June, 9:00am to 1:00pm for children who are 2.9 to five years of age. Partial scholarship aid may be available. A \$50 NON-REFUNDABLE application fee must accompany this application. Acceptance Letters are mailed in January. Upon acceptance a \$150 registration fee and a \$300 tuition deposit will be required by 2 weeks from the date your acceptance letter is mailed to you. This holds your child's place. This money is NON-REFUNDABLE. The \$300 tuition deposit is applied to the second semester tuition bill. Tuition is payable in two installments or with a payment plan arranged with the treasurer. NO APPLICATION WILL BE CONSIDERED UNLESS ACCOMPANIED BY THE ATTACHED PLEDGE FORM.

DATE \_\_\_\_\_

Indicate Choice:

2	3	4	5	mornings/week
M	TU	W	TH	F days preferred

Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Are you a former member of Corner Co-op? \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have health insurance? \_\_\_\_\_ Are you a member of All Saints Parish? \_\_\_\_\_

Has your child had any previous group play experience? \_\_\_\_\_ (play group, child care, Sunday school, etc.)

Please describe: \_\_\_\_\_

Does your child have any physical or emotional disabilities? \_\_\_\_\_

Please describe: \_\_\_\_\_

Does your child speak English? \_\_\_\_\_ If not, what language? \_\_\_\_\_

What do you want your child to gain from his/her nursery experience? \_\_\_\_\_

Why are you interested in a co-operative nursery school? \_\_\_\_\_

If you are interested in early drop-off (8:00-9:00am), please indicate which days: M TU W TH F

If you are interested in extended day program (1:00-2:00pm) please indicate days: M TU W TH F

Make checks payable to the **CORNER CO-OP NURSERY SCHOOL, INC**

Return application and \$50.00 fee to: Admissions Coordinator

Corner Co-op Nursery School

1773 Beacon Street, Brookline, MA 02445-4299

OR submit application online: [beth@cornercoop.org](mailto:beth@cornercoop.org) and payment online:

[https://www.paypal.com/donate?hosted\\_button\\_id=AZCGDL3HDDTJE](https://www.paypal.com/donate?hosted_button_id=AZCGDL3HDDTJE)

## PLEDGE FORM

A parent co-operative nursery school requires a special commitment on the part of its members to insure that this experience is a rewarding one for the parents as well as the child. Accordingly, the Corner Co-op Nursery School asks its prospective members to acknowledge the following obligations:

**1. TO WORK AS TEACHER-ASSISTANT IN THE CLASSROOM**

You can expect to work between 11 & 14 days during the school year. Fathers are particularly encouraged to work in the classroom as often as possible. If you are unable to serve when scheduled, you must find a substitute among the other members of the Co-op.

**2. TO SERVE AS AN OFFICER OR FILL A SPECIFIC JOB**

All new members are invited to a meeting of the Co-op in June. At that time, the work of the officers and ongoing jobs is outlined and volunteers are sought.

**3. TO ATTEND MEMBERSHIP MEETINGS**

The Co-op meets every six weeks to conduct the regular administrative business of the school and discuss educational issues; attendance by at least 1 parent is required. The nature of a cooperative organization is such that there must be a common interest among all members to share equally in the running and decision-making of the school. The meetings are attended by the teachers; parents are encouraged to consult with them about activities or procedures in the classroom.

**4. TO ATTEND BASIC FIRST AID COURSE**

This is held at the school for each parent planning to work in the classroom.

**5. TO PITCH IN WHEN SPECIAL PROJECTS ARE UNDERTAKEN**

Fundraising, building equipment, major clean-ups, etc.

**6. FILL OUT A BACKGROUND RECORD CHECK FORM**

Each parent planning to work in the classroom must do this.

**7. TO PRESENT A HEALTH FORM FOR EACH PARTICIPATING CHILD**

Completed by his/her pediatrician. Immunizations/vaccinations for DTaP, MMR, Polio, Hib, Hepatitis B and Varicella are a requirement for acceptance to the school. Also, completion of all other required forms.

THE PRECEDING TWO OBLIGATIONS FULFILL STATE AND TOWN HEALTH REQUIREMENTS AND ARE DUE WHEN SCHOOL BEGINS.

**8. TO HAVE FUN, BE SAFE, USE YOUR IMAGINATION AND BE KIND!**

PLEDGE: I recognize that the above obligations are a requirement of our family's membership in the Corner Co-op Nursery School, Inc. If my child is enrolled in the program, I will pay the tuition fees when due and participate in the Co-op as a full and active member.

---

Signature

date

Signature

date

The Co-op tries to achieve a reasonable balance regarding sex and age. Therefore, when possible, applications are processed on a first come, first served basis. Preference is given to returning children, siblings and at least one church family until December 1<sup>st</sup>.