

**THE SHERMAN OAKS COOPERATIVE NURSERY SCHOOL
APPLICATION FOR ENROLLMENT**

SEMESTER: _____
CHILD'S NAME: _____
DATE OF BIRTH: _____
PARENTS NAMES: _____
ADDRESS: _____
PARENT 2 NAME (*if different from above*):

ADDRESS (*if different*): _____
PHONE: _____
EMAIL _____
PARENT 2- PHONE _____
EMAIL _____

Parent participation nursery schools are very special communities of parents, children and teachers who come together to provide enriching learning experiences.

Each family shares in the planning and operation of the school. The parents participate in the daily program by assisting in the classroom one day per week, and work with the children under the direction of the Teacher/Director who is trained in the areas of early childhood as well as parent education.

Please initial the sections that have been explained to you and that you have a full understanding of:

- | | |
|---------------------------------------|---|
| _____ 1. Workday Responsibilities | _____ 5. Monthly Membership Meetings |
| _____ 2. Job Responsibilities | _____ 6. Participation Requirements & Fines |
| _____ 3. Fundraising Responsibilities | _____ 7. Tuition and Deposits |
| _____ 4. Student Requirements | _____ 8. Potty Trained |

A **\$25.00 non-refundable application fee** is due along with this signed application to start your enrollment process. If enrollment is accepted, you will be notified and deposits will be due.

If your child does not meet the requirements, you will be placed on our Waiting List. If you are offered membership and do not accept, all deposits become non-refundable.

The Sherman Oaks Cooperative Nursery School thanks you for your interest and we look forward to enjoying, enriching and educating our families together.

SIGNATURE _____
DATE _____

FOR OFFICE USE ONLY:

_____ APP _____ DEP _____ ENR OFFR _____ ENR ACC/DEC _____
WL _____ TOUR _____