

For Office Use Only:

Cash: _____ Check No.: _____ Submission No.: _____ Class: _____



Interest Form For the 2015 – 16 School Year

We are interested in applying to the Crossing Cooperative Nursery School for the 2015-2016 school year. We understand that class schedules have not yet been formed, and that by completing this form and submitting a non-refundable* application fee of \$50, we are putting our names on a list which allows us to be contacted concerning age-appropriate class openings after CCNS has held its In-House and Alumni Registrations. Further, we are aware that CCNS is a cooperative school and that the school community is asked to complete three cooperative commitments each school year.

TODAY'S DATE _____

CHILD'S NAME _____ NAME TO BE USED IN SCHOOL _____

DATE OF BIRTH _____ SEX _____ AGE ON 9/1/15 _____ YEARS _____ MONTHS

PARENT/GUARDIAN _____ HOME PHONE _____

_____ CELL PHONE _____

CHILD'S ADDRESS _____

EMAIL ADDRESS _____

SCHOOL DISTRICT WHERE YOU RESIDE _____

NAMES AND AGES OF SIBLINGS

NAME _____ BIRTHDAY _____

NAME _____ BIRTHDAY _____

NAME _____ BIRTHDAY _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

PARENT SIGNATURE _____ DATE _____

INTEREST FORMS WILL BE ACCEPTED BEGINNING ON OCTOBER 1, 2014

* THE APPLICATION FEE WILL BE REFUNDED ONLY IN THE EVENT THAT WE CANNOT OFFER YOUR CHILD A POSITION IN AN AGE-APPROPRIATE CLASS, AND YOU DO NOT WISH TO BE PLACED ON A WAIT LIST.

www.crossingcooperative.org

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