

# REGISTRATION FORM

Received:  
Check #



## MENLO-ATHERTON COOPERATIVE NURSERY SCHOOL REGISTRATION FORM

PO Box 693 - Menlo Park, CA 94026-0693 - 650.322.7148

[www.maco-op.org](http://www.maco-op.org)

**Return form and your tuition payable to the Menlo-Atherton Cooperative Nursery School to secure your child's place in the class roster. PLEASE NOTE THAT TUITION PAYMENTS ARE DUE QUARTERLY AND ARE NON REFUNDABLE. Please send forms to: Menlo-Atherton Cooperative Nursery School, PO Box 693, Menlo Park, CA 94026-0693.**

Please circle the class for which your child is registering. Note: Age groups are as of September 1.

Fri pm	T/Th am	MWF am	MTWTh pm
(1 yr 9 mos- 2 yr 6 mos)	(2 yr 3 mos- 3 yr 3 mos)	(3 years- 4 yr 3 mos)	(4 years- 5 yr 3mos)
12:00pm-2:00pm	9:00am-11:30am	9:00am-11:30am	12:30pm-3:00pm

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

First Last

Sex \_\_\_\_\_

Home Street Address \_\_\_\_\_

Telephone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary participating parent's name \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Alternate parent's name \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Before your child may start school, the Health & Safety Chairperson must receive proof of immunization and a signed medical form from your child's physician. **Also, all participating parents must have a current tuberculosis test. Health forms will be mailed to you during the summer.**

**Parent Participation Acknowledgement**

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This is a cooperative nursery school in which the parents participate in both administration and daily school routine. A parent must attend one day per week with their child and fulfill the responsibilities of their assigned "job." Parents are responsible for attending monthly night time education meetings and fulfilling the requirements of a committee job that will be selected in September. Additionally, parents participate in an annual auction and open house. Parents must also participate in one clean up day per school year.

I accept and acknowledge the information and duties associated with membership at the M-A Co-op and that tuition is non refundable.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_