**Bigelow** Cooperative Daycare Center

# APPLICATION FOR ADMISSION

Application Date _____

Child's Name _____

Date of Birth _____ Present Age _____ M/F _____

Home Address _____
Street City Zip Code

We would like to attend:

**Attendance less than 5 days per week must have a Monday or Friday as part of the schedule**

| | Circle Days: (1st Choice) | (2nd Choice) | (3rd Choice) |
|---|---|---|---|
| ___ ¾ Day (8:30-3:30) | M T W Th F | M T W Th F | M T W Th F |
| ___ Full Time (8:30-5:30) | M T W Th F | M T W Th F | M T W Th F |

Parent/Guardian's Name _____

Address _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Hours ____

E-mail _____ Cell Phone (optional) _____

Parent/Guardian's Name _____

Address _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Hours ____

E-mail _____ Cell Phone (optional) _____

Siblings

(1) Name _____ Age ___ (3) Name _____ Age ___

(2) Name _____ Age ___ (4) Name _____ Age ___

Please check one of the following: I/we am/are a

- Private paying family
- Voucher/Tuition Assistance Applicant

(1) Does your child have any previous group care experience? _____ If yes, where?

_____

School/Center City Zip Code

(2) Have you ever belonged to a childcare cooperative? _____

Any other cooperative? _____

If yes, describe your experience

(3) As parents, what do you expect from a childcare center (philosophy, activities, curriculum, discipline, teacher/child ratio, etc.) and particularly from a cooperative?

(4) Is there anything you would like us to know about your child?

(5) How did you hear about Bigelow?

Please return with a $50 non-refundable application fee

Applicants with a Voucher or tuition assistance slot are exempt from the application fee.

***Bigelow strives for a diverse community of families and teachers***

***PLEASE NOTE: APPLICATION VALID FOR ONE YEAR FROM THE DATE OF SUBMISSION***

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