Registration Form

2019/20 School Year

Please complete the following to apply to Glenbrook Cooperative Nursery School as a participating member. **Return this form and the non-refundable registration fee ($65 for the first child; $25 for each additional child) to the Membership Chair.** Please make your check payable to Glenbrook Nursery School, Inc.

Child's Name: _____ Sex: M _____ F _____ Date: _____

Parent Name: _____ Co-op? (Y/N): _____

Parent Name: _____ Co-op? (Y/N): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Child's Birth Date: _____ Primary Language Spoken at Home: _____

Contact Phone: _____ E-mail: _____

Please give a phone number and email address that are checked daily. If you are on our waitlist, a spot can open at any time and you must respond within seven (7) days.

I am interested in enrolling my child in the:

_____ **One-Day** 2-year-old class/Fri
Child must be two years old by September 1, 2019 **Option A** ____ **Option B** ____
(Class will run with a minimum of 6 students)

_____ **Two-Day** 2-year-old class/Tues and Thurs.
Child must be two years old by September 1, 2019 **Option A** ____ **Option B** ____ **(limit 4)**

_____ **Three Day** 3-year-old class/Mon, Wed, Fri.
Child must be three years old by September 30, 2019 **Option A** ____ **Option B** ____ **Option C** ____ **(limit 3)**

_____ **Four Day** 3-year-old class/Mon – Thurs.
Child must be three years old by September 1, 2019 **Option A** ____ **Option B** ____ **Option C** ____ **(limit 3)**

_____ **Five Day** 4-year-old class/Mon – Fri.
Child must be four years old by September 1, 2019 **Option A** ____ **(limit 10, min 4)** **Option B** ____ **Option C** ____ **(limit 4)**

_____ Do you certify that the co-oping parent(s) is (are) sufficiently fluent in English in order to safely handle the needs of the classroom?

_____ Has your child received all age-appropriate immunizations?

_____ Are there any health situations of the child or the co-oping parent which the school should be aware? (If yes, please explain on the back)

_____ Will you need the nursery for a younger sibling while co-oping in your child's class? (Additional fee)

_____ Have you been a member of Glenbrook previously? Last school year completed: _____

Signature: _____ Date: _____

We do not discriminate against any person based on race, color, creed, ethnicity, or national origin.
Glenbrook requires that students are fully immunized in adherence with Maryland State immunization requirements.