



Application Form

Child's Name: _____

Child's Date of Birth: _____

Parent's Name(s): _____

Siblings (name & age):

Primary

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Different contact information during the summer? If so, please provide:

For office use only:

Date Received

Date Visited Coop

Application Fee (\$30) paid

Deposit (\$100) paid

Refundable Meeting Fee

Please complete the following to assist us with scheduling:

Kids' Coop Cambridge • Church of the Nazarene • 52 Russell Street • Cambridge, MA 02140
info@kidscoopcambridge.com • www.kidscoopcambridge.com •

Hours: M-F, 9:00 to 11:50 AM

My child can NOT attend Coop on the following days:
M T W Th F

I am NOT able to work as a Caregiver on the following days:
M T W Th F

My ideal days for my child to attend Coop are (circle three or more):
M T W Th F

My ideal day to work as a Caregiver is:
M T W Th F

Additional Comments:

Where did you hear about Coop?

Please send completed form, along with a \$30 non-refundable application fee made out to **Kids' Cooperative Cambridge**, to:

Holland Sweeney, Recruiter
c/o Kids' Cooperative Cambridge
11b Granville Ave
Medford, MA 02155

Members join on a first-come, first-served, non-discriminatory basis. If you would like to check on your application's status or remove your family from the waitlist, please email Holland Sweeney at info@kidscoopcambridge.com.