



Application Form

Child's Name: _____

Child's DOB: _____

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:

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:

Heather Lorentz, Recruiter
c/o Kids' Cooperative Cambridge
58 Plympton Street #516
Cambridge, MA 02138

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 Andrew Eldridge at info@kidscoopcambridge.com.