



Application Form

Kids' Cooperative Cambridge
Boston Brunch Church
52 Russell Street
Cambridge, MA 02140

Child's Name: _____

Child's Date of Birth: _____

Parent's Name(s): _____

Any Siblings? (Name(s) & Date(s) of Birth):

Primary
Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Do you have 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:

How did you hear about Kids' Coop?

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

Julie Gregorio, Recruiter
c/o Kids' Cooperative Cambridge
61 Griswold St.
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 Julie Gregorio at info@kidscoopcambridge.com