



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:

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:

Referred by: _____

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

Bev Feldman, Recruiter
c/o Kids' Cooperative Cambridge
64 Endicott Ave. #2,
Somerville, MA 02144

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 wait-list, please email Amanda Dumont at info@kidscoopcambridge.com.