



NEIGHBORHOOD
COOPERATIVE
NURSERY SCHOOL

Grow With Me Toddler Program

Choose One Session: **Fall** _____ **Winter** _____ **Spring** _____

Child's Name: _____

Date of Birth: _____

NCNS is a nut free school. Please indicate any known allergies: _____

Parent's Name: _____

Address: _____

Phone #: _____ E-Mail: _____

I am interested in participating in the Grow With Me Toddler Program run by the Neighborhood Cooperative Nursery School. I understand that the program consists of eight (8) weeks and is held on Friday mornings from 9:30 am until 11:00 am. I further understand that I will attend all classes with my child.

Parent Signature: _____

Date: _____

Note: The fee for the Toddler Program is \$120.00. Please return this application with a check made payable to the Neighborhood Cooperative Nursery School.