



165 Rounds Avenue
Riverside, RI 02915

APPLICATION FOR ADMISSION

Please mail this completed form along with a non-refundable \$100 application fee made payable to Covenant Cooperative Nursery School.

Application Date _____

Child's Name _____ DOB _____ Gender _____

Preferred Contact # _____

Parent's/Guardian's Name: _____

Address _____

Email address _____

Please indicate your program choice:

3 years by 9/1 <input type="checkbox"/> (Tu & Th)	4 years by 9/1 <input type="checkbox"/> (M,W,F)
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Extended Day Option (12:00 - 2:30)					
	Monday	Tuesday	Wednesday	Thursday	Friday
3 years	N/A		N/A		N/A
4 years		N/A		N/A	

Signature _____

Additional Information:

Referred by _____

Home Church _____

Name and DOB of siblings (please asterisk* if s/he attended Covenant Cooperative Nursery School)
