



**Community Cooperative Nursery School
Half Co-op Application Request
2011-2012**

Child's Name: _____ Date of Birth: ___/___/___ Class: _____

*Tuition for half co-op is \$200.00 per month for the 3-day-a-week classes.

*Tuition for half co-op is \$240.00 for the 4-day-a-week classes.

*Half co-op is not available for the 2-year-old classes.

Parents with multiple children at CCNS may apply for half co-op admission for one child only. Half co-op positions are very limited and will only be granted if real need is demonstrated. The Board of Directors makes all decisions regarding half co-op.

In the space provided below, please state the reason you are applying for half co-op membership.

Parent/Guarian Signature: _____ Date: _____