

**Church of the Redeemer Cooperative  
Nursery School, Inc.**  
379 Hammond St. Chestnut Hill, Ma. 02467 Phone: (617)-566-9162

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary language \_\_\_\_\_ Place of Birth \_\_\_\_\_

Number of Days Preferred \_\_\_\_\_ Date of Entry \_\_\_\_\_

**Parent's Names**

Father \_\_\_\_\_ Home Tel. No. \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail address \_\_\_\_\_

Mother \_\_\_\_\_ Home Tel. No. \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail address \_\_\_\_\_

**Others in Family/Relationship**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Business Address**

Father-Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Hrs. at work \_\_\_\_\_

Mother-Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Hrs. at work \_\_\_\_\_

**If Parents cannot be Contacted, Notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

**Child's  
Physician/Clinic** \_\_\_\_\_ Tel.No \_\_\_\_\_

Identifying Information (required by the Office of Child Care Services)

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

A nonrefundable fee of \$30.00 must accompany this application. Please make check payable to the Church of the Redeemer Coop.