



## Student Information

Student's Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

## Caregiver & Family Information

Parent's Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Occupation, business address \_\_\_\_\_  
\_\_\_\_\_

Parent's Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Occupation, business address \_\_\_\_\_  
\_\_\_\_\_

Will both parents be working while child is in school?  Yes  No

● If yes, who is responsible for the care of the child?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name(s) & age of other children in the family \_\_\_\_\_  
\_\_\_\_\_

## Medical Information

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_  
\_\_\_\_\_

## Application for Admission (continued)

### Emergency Contact Information

In case of illness or accident, please list names of neighbors/relatives *living locally* who may be called in an emergency, if parents cannot be reached.

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Please add any comments that would further our understanding of your child:

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I hereby authorize the staff of **Morris Plains Co-op Play School** to obtain emergency medical treatment for my child if needed.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

### How did you hear about our school?

- Currently enrolled       Alumni of School       Friend(s)  
 Print Media (please specify)       Social Media (please specify)       Internet (please specify)  
 Other \_\_\_\_\_

### Class Choice

Please indicate your class preference by filling in your *first*, *second* and *third* choices, noting whether you will be **co-op** or **non co-op**.

**First Choice:** Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_  co-op  non co-op

**Second Choice:** Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_  co-op  non co-op

**Third Choice:** Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_  co-op  non co-op

A non-refundable, non-transferable registration fee must accompany this application.

The **Morris Plains Cooperative Play School** admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.



Morris Plains  
**CO-OP**  
Play School

**Where Parents & Teachers Work Together!**

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