



Cambridge Nursery School
6 Hillside Place, Cambridge, MA 02140
617-547-7288

info@cambridgenurseryschool.org
www.cambridgenurseryschool.org

Application for Admission

Child's Name _____ Gender ____ Date of Birth _____

Name of Parent(s) or Legal Guardian(s)

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Occupation _____

Occupation _____

Email _____

Email _____

I/We are applying to the: 3-year old class: _____ 4-year old class: _____

Our Morning Program runs from 9am – noon, Monday – Friday.

We also offer several Extended Day options at additional cost:

Early Morning drop-off (8:30-9am) / Lunch Bunch (12 – 1pm) / Afternoon Program (12 – 3pm)

Extended Day options are available for any number of days each week, on a semester, mid-semester, or per diem basis. All of the extended day options have limited availability. (We encourage older class children to enroll in lunch bunch to prepare for their transition to Kindergarten.)

Please indicate your interest in our lunch or extended day program:

I plan to sign up for Lunch Bunch (# of days/week): _____ or Extended Days (# of days/week): _____

Siblings / Alumni:

Have any other members of your family attended Cambridge Nursery School? ___ Yes / ___ No

If so, please indicate their name, relationship, and dates of attendance: _____

** Limited financial aid is available. Scholarships are awarded on the basis of need.

A confidential Scholarship Application is attached.

Please check here to confirm whether you are applying for a scholarship. ___ Yes / ___ No

Parent/Guardian Signature _____ Date _____

CNS is committed to welcoming a diverse community. CNS does not discriminate in its enrollment or hiring with regard to a person's race, ethnic and national origin, religion, marital status, age, sexual orientation, HIV status, political beliefs or disabilities.

**** Please return this application and a \$45 non-refundable application fee to:
Admissions, Cambridge Nursery School, 6 Hillside Place, Cambridge, MA 02140
(Check or money order should be made payable to Cambridge Nursery School.)**

Admissions priority is given to current families, siblings of current families, and siblings of CNS alumni. Prospective parents are strongly encouraged to attend our fall Open House, schedule a classroom tour, speak with a current family, and meet with the Director. Please see our website at <www.cambridgenurseryschool.org> for detailed information about admissions at CNS.

Other Information

Briefly describe your child: _____

Child's previous group experience, if any: _____

Primary language(s) spoken at home: _____

CNS strives for a diverse community. What are some ways that your family might enrich our community?

How did you learn about Cambridge Nursery School? (CNS family, newspaper, signs, fliers, open house, yellow pages, CNS fundraiser, other) _____

Why are you interested in CNS? _____

Briefly describe any special skills and interests that you would bring to a parent cooperative preschool (e.g. carpentry, plumbing, fundraising, publicity, teaching, financial, legal, accounting):

Parent Participation at CNS

Cambridge Nursery School depends on the active participation of all of its parents. Many families support the school in countless ways beyond the basic requirements of parent participation, as listed below. Before you apply, please review this list and consider how involved you wish to be in your child's preschool program and whether you will be able to meet these basic requirements.

- Assist in the classroom as a Parent Helper, approximately once per month
- Provide school snacks on a rotating basis, and when parent helping
- Perform an ongoing parent job
- Serve on a parent committee
- Participate in all fundraising activities
- Assist at two, 6-hour, Parent Work Days
- Attend all Parent Meetings.
- Parents are welcome to join the Parent Board, or attend Parent Board meetings.



Scholarship Application

Name of child _____ Date of birth _____

Name(s) of parent(s) _____

Employment Information	Parent #1	Parent #2
Employer		
Position		
Income Information	Parent #1	Parent #2
Annual salary		
Investment/securities		
Fellowships		
Gifts/allowances		
Rents/other income		
TOTAL INCOME		

Other assets: Home _____
 Savings _____
 Insurance/annuities _____

Monthly Expense Information	Amount
Rent	
Mortgage payment/ Assessed value	
Car loan payment	
Medical expenses	
Childcare expenses	
School tuition	
Other	
TOTAL MONTHLY EXPENSES	

Parent(s) signature(s) _____

Date _____

Scholarships will be granted on the basis of need. Scholarship funds are limited – we may not have the funds available to award everyone who applies. Additional information may be requested. All information is kept strictly confidential.

PLEASE ATTACH ANY ADDITIONAL INFORMATION, AS NECESSARY. MAIL TO CNS WITH A COPY OF YOUR MOST RECENT YEAR'S TAX RETURN