



64 Hancock Street
Newton, MA 02466
(617) 332-0886
www.burrcoop.org

Application for Enrollment

With this application I am enclosing a registration fee of \$45.00 which I understand is non-refundable and non-applicable toward tuition.

Name of Child _____ Date of Birth _____

Address _____

Telephone Number _____ Email _____

Name of Parent(s) _____

Have any siblings or relatives attended
Burr Cooperative Nursery School? _____

How did you hear about
Burr Cooperative Nursery School? _____

Please choose a 3-, 4-, or 5-day option:

___ 3 days Preferred days: _____

___ 4 days Preferred days: _____

___ 5 days Monday – Friday

(We will do our best to accommodate your preferences, although it is not always possible.)

Parent Signature _____ Date _____

Please list any information, special needs
or considerations you or your child may have: _____

Burr Cooperative Nursery School celebrates diversity, and accepts children without regard to race, religion, sex, cultural heritage, political belief, marital status or sexual orientation of parents, or disabilities in the matter of admissions.