Cooperative Child Care
3700 Woodmont Blvd.
Nashville, TN 37215
615-297-9256/615-292-9917 fax
E-mail: msrccc@bellsouth.net
Website: www.cooperativechildcare.org

Waiting List Application

Applications are accepted all year.

Mail or deliver your completed application along with a $75.00 non-refundable application fee per child to:
Cooperative Child Care * 3700 Woodmont Blvd * Nashville, TN 37215

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS BOX.
CHECK #: _____ DATE RECEIVED: _____/_____/_____ PRE-ENROLLMENT VISIT _____
CLASS _____ SCHEDULE PREFERENCE _____ START DATE: _____
_____ NEW FAMILY _____ SIBLING – PRESENTLY ENROLLED _____ CCC LEGACY/ALUMNI

CHILD'S NAME: _____
last first middle preferred name

DATE OF BIRTH: _____ _____ **SEX: MALE FEMALE**
(month/day/year) (age)

NAME OF PARENTS/GUARDIANS: _____

ADDRESS: _____ _____
(City/Zip)

E-MAIL TO RECEIVE CCC INFORMATION: _____

PHONE NUMBERS: _____ _____ _____
(HOME) (WORK) (CELL)

PREFERRED SCHEDULE

OUR HOURS OF OPERATION ARE 7AM-6PM
(Please mark first choice with a "1" and Second Choice with a "2")

_____ FULL TIME (MONDAY – FRIDAY)
_____ PART TIME (MONDAY, WEDNESDAY, FRIDAY)
_____ PART TIME (TUESDAY, THURSDAY)

DESIRED DATE OF ENROLLMENT: _____

CHECK ANY ITEMS BELOW THAT APPLY :
____ I have a child currently enrolled at CCC
____ CCC Sibling Alumni
____ I am a teacher/staff member at CCC

HOW DID YOU HEAR ABOUT COOPERATIVE CHILD CARE?_____

ADDITIONAL INFORMATION/SPECIAL NEEDS INFORMATION

Cooperative Child Care admits children of any race, color, national and ethic origin. If a child enters the program with an identified special health care need (i.e. asthma, diabetes, seizures, hearing or vision impairments, food allergies, urinary or other on-going health problems), the parent is responsible for notifying and providing the school specific written instructions for the child's health needs PRIOR to a child's enrollment date. Children with emotional, physical or cognitive special needs will be accepted if it is determined that they will benefit from the program and the staff is able to meet their needs in addition to the needs of the other children. Please describe in detail on the reverse side any special needs information/instructions for your child.