



El Segundo Cooperative Nursery School
P.O. Box 73
300 East Pine Ave.
El Segundo, CA 90245
310.955.0970

membership@elsegundocoop.com

WAIT LIST APPLICATION REQUEST

Child's Name: _____

DOB: _____

Preferred Name: _____

Sex: _____

Address: _____

City: _____

State & Zip: _____

E-mail: _____

Telephone: _____

Parents: _____

Allergies (food, medication, environmental):

Please place and X by the class you are applying for:

_____ 3 year old class (MUST be completely toilet-trained and 3 by 09/02 of school year requesting to enter)

_____ 4 year old class (MUST be 4 by 09/02 of school year requested)

How did you hear about our school?

Parent/Guardian Signature:

Date:

Please send your application along with a \$30 non-refundable application fee to us via U.S. Mail to P.O. Box 73, El Segundo, CA 90245 or drop off at the school.

Please note that EL SEGUNDO RESIDENTS have first priority on the waiting list.

Date Received:

\$30 Application Fee:

check #:

School Year: