

Dear Parents:

Thank you for your interest in Cedar Lane Nursery School. Attached is an application packet, which includes an Application For Entrance and a Membership Agreement.

In order to complete your application process, we need the following:

1. A completed Application For Entrance, including a signed Membership Agreement
2. A copy of your child's birth certificate or other proof of birth date;
3. An application fee of \$75.00, by check made payable to CLNS, Inc. (Non-refundable, due at the time of application for admission.)



Please return your application material to me (my home address is below) or to the school (Monday-Friday, 9:15 a.m. to 12:15 p.m.). If you have any questions, please send me an email.

Casey Crosthwait Crimmins ([admissions@clns.org](mailto:admissions@clns.org))

Admissions Chair

10547 Saint Paul St., Kensington, MD 20895

Cedar Lane Nursery School

9601 Cedar Lane, Bethesda, MD 20814, (301) 564-1680

[www.clns.org](http://www.clns.org)

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### **APPLICATION FOR ENTRANCE: 2017-2018 SCHOOL YEAR**

Child's legal name: Last: \_\_\_\_\_

First: \_\_\_\_\_

Child's preferred name or nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

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Name of Parent or Guardian (a): \_\_\_\_\_

Address: \_\_\_\_\_

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E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Occupation or training: \_\_\_\_\_

Name of Parent or Guardian (b): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Occupation or training: \_\_\_\_\_

Other children in family:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

In which program do you wish to enroll your child? Please note that days are subject to change.

\* 2 year-olds: \_\_\_\_\_ 2 days A.M. (Tuesday and Thursday 9:30 AM-12:00 PM)

\* 2 and 3 year-olds: \_\_\_\_\_ 2 days A.M. (Tuesday and Friday 9:15-12:15 PM)

\* 3 year-olds: \_\_\_\_\_ 3 days A.M. (Monday, Wednesday and Thursday 9:30 AM-12:15 PM)

\* 4/5 year-olds: \_\_\_\_\_ 5 days A.M. (Monday through Friday 9:15 AM-12:15 PM)

Are you a former member of Cedar Lane Nursery School? \_\_\_\_\_

If yes: Number of years: \_\_\_\_\_ Dates: \_\_\_\_\_

Positions held:

\_\_\_\_\_

Name of previously enrolled child(ren):

\_\_\_\_\_

Why do you want to send your child to Cedar Lane Nursery School?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been in a parent cooperative nursery school before? \_\_\_\_\_

If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_

Has your child ever been in any other kind of pre-school program? \_\_\_\_\_

If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child have any special accommodations, IFSPs or IEPs? \_\_\_\_\_

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If yes, please attach a copy of the medical reports, assessments, and recommendations.

Are you interested in learning more about our scholarship program? \_\_\_\_\_

Are you currently on a waiting list at another school? \_\_\_\_\_

Are you currently a member of Cedar Lane Unitarian Universalist Church? \_\_\_\_\_

Please take a minute to let us know how you discovered Cedar Lane Nursery School.

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*Important! Please note:*

1. A visit to the school by parent(s) and child as well as a meeting with the CLNS Teacher/Director is required before a child can be accepted for admission by the school. To arrange a visit, please contact the Admissions Chair, at [admissions@clns.org](mailto:admissions@clns.org).

2. A non-refundable application fee of \$75.00 (by check payable to CLNS, Inc.) and a proof of birth date are required with this application.

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*Cedar Lane Nursery School, Inc. is a member of the Maryland Council of Parent Participation Nursery Schools and Parent Cooperative Preschools International. CLNS is accredited by the State of Maryland Department of Education, the National Association for the Education of Young Children (NAEYC), and Maryland EXCELS, for which CLNS received its highest five check rating.*

*CLNS does not discriminate on the basis of race, ethnicity, color, national origin, religion, gender or sexual orientation. CLNS is not affiliated with Cedar Lane Unitarian Universalist Church.*

## **MEMBERSHIP AGREEMENT**

The success of Cedar Lane Nursery School depends on the ability of all of its members to understand and honor their responsibilities to the school. The cooperation of each member is necessary for the proper functioning of the school.

The rules presented in this Membership Agreement are designed for the protection and health of our children as well as for the successful functioning of the school. A member is considered to be "in good standing" if they routinely fulfill the obligations specified in this Agreement. The rules may be modified from time to time by vote of the membership.

For a more complete explanation of our policies, curriculum and educational philosophy, please refer to the "Parent Handbook" posted on our website: [www.clns.org](http://www.clns.org). (A hard copy of the handbook is available for review at the school Monday through Thursday from 9:00 a.m. to 12:00 p.m.)

1. **PARTICIPATION**: Foremost among a parent's responsibilities is cooperation at school. Parents are generally assigned at least two days of co-op duty per month. Parents are expected to be on time and ready to fulfill their co-opping duties. If illness or emergency prevent a co-opping parent coming to school on their assigned day, the parent must arrange with another parent to substitute on an in-kind basis; the parent will be expected to pay any cost which may be incurred by the replacement parent for a baby sitter as well as repaying the day at school to their replacement. Parents also must attend four work days each year and are required to take on an administrative job within the school (e.g., newsletter, librarian, health and safety, membership, etc.).

2. **ATTENDANCE AT MEMBERSHIP MEETINGS**: In order that we may work together as parents and teachers for the greatest benefit of our children, attendance at membership meetings by at least one parent or guardian of each child is mandatory. The President must be notified if a parent cannot attend. It is at these meetings that we coordinate our experiences, evaluate our roles as parent-teachers, take care of the business pertaining to CLNS, and (last, but not least) come to know one another better.

3. **PHYSICAL EXAMINATION**: After a child has been accepted for admission, several state- required health forms must be completed in order for a child to enroll in the school.

\* The child's physician must complete a general health inventory form as well as those indicating proof of immunizations and lead screening;

\* Each co-opping parent must have his or her physician complete a state health form documenting, among other things, a negative TB test within the last 12 months.

Health forms are provided by the school following the child's acceptance into the school. No child will be allowed to begin school until all health forms, for both child and parent(s), are completed and turned in.

4. **CRIMINAL BACKGROUND CHECK**:

Admission a child is accepted subject to the condition that the co-opping parent(s) successfully complete a criminal background check. A form and instructions will be provided.

5. **WITHDRAWAL AND REFUNDS**:

The first two tuition prepayments are not refundable. Other tuition paid in advance may be refunded if withdrawal is for one of the following reasons, and after a written notice to the school's Board of Directors is received at least 30 days in advance of the withdrawal of a child from CLNS. :

\* Serious and prolonged illness;

\* Permanent removal of the family from the area; or

\* Mutual agreement between member and Board on such withdrawal, if there is unsatisfactory adjustment

to the school by the child or the member-participant, and if a suitable replacement child is found without loss of tuition to the school.

6. NON-DISCRIMINATION POLICY:

Admission of members shall not be restricted by race, ethnicity, color, national origin, religion, gender or sexual orientation.

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I have read the Cedar Lane Nursery School Membership Agreement and accept the rules as presented.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**FOR CEDAR LANE USE ONLY:**

Application Received: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Proof of Age: Yes No

Check Number: \_\_\_\_\_ Check to Treasurer: \_\_\_\_\_

Preferred Class: \_\_\_\_\_ Slot Offered: \_\_\_\_\_ Slot Accepted: \_\_\_\_\_

Class Placement: \_\_\_\_\_ Deposit Received: \_\_\_\_\_