 <p>ROSE SCHARLIN CO-OP NURSERY SCHOOL</p>	<p>2414 Lake View Avenue Los Angeles, CA 90039 (323) 661-1319 www.rosescharlin.com info@rosescharlin.com</p>
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Dear Parent(s),

Thank you for your interest in Rose Scharlin Co-op. We hope the information provided on our Web site is helpful to you, and that you find yourselves attracted to our unique school. If you need more information, we encourage you to speak to the parents on the Membership Committee. Please call or E-mail the school to obtain their contact information.

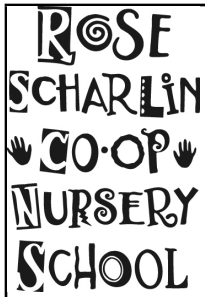
If you decide that Rose Scharlin may be a good match for you and your child, and you wish to be considered for enrollment, you will need to be put on our waiting list. Attached to this letter is a waiting list application for you to fill out and return to us with a non-refundable \$50.00 application fee. Please make the check payable to “Rose Scharlin” and send it to the attention of the Director. If this fee is a hardship for your family, please contact us to make other arrangements.

The Membership Committee will contact you if we anticipate an open space in our current or fall enrollment. If there is an opening, we will ask that you and your child visit our school. Your visit is a good time to see how a day at Rose Scharlin goes—kids and all!

We look forward to getting to know you and your child. If there is anything else we can do to help during this application process, please contact us; we are here to help.

Sincerely,

Gilbert Brebes
Director



Waiting List Application

2414 Lake View Avenue
Los Angeles, CA 90039
(323) 661-1319
www.rosescharlin.com
info@rosescharlin.com

Rose Scharlin Cooperative Nursery School is non-discriminatory and anti-bias. We believe that our children deserve to play in a safe environment that provides diversity in areas of gender, age, race, religion, physical ability, and class. We seek to honor these goals in our membership selection process.

Child's name _____ Birth date _____ M F

Parent's names _____ Today's date _____

Address _____ City _____ Zip _____

Phone (home) _____ (cell) _____

E-mail _____ Ethnicity (optional) _____

Any special needs (physical, developmental, emotional or dietary)? _____

When would you like your child to start school? _____

How many days per week? _____

How did you hear about Rose Scharlin? _____

What do you seek in this nursery school environment for your child and your family? _____

Cooperative commitment

I understand that Rose Scharlin is a cooperative nursery school made up of member families who pool resources and talents to continue the work of the school. As such, the operation of the school is wholly dependent upon the full cooperation and participation of each member family. Upon admission to the school, my family is ready to commit to attending regular workdays with children, monthly membership and/or parent education meetings, maintenance and housekeeping workdays (for the upkeep of school property), and fundraising activities scheduled by the parent membership.

Signature of Parent Applicant _____

Please return this form along with a \$50 application fee (check made out to "Rose Scharlin"). Materials should be sent to the attention of the Director.

For office use only

Ck rec'd	Date eligible	Age in Sept.	Receipt E-mail sent on

