

Oxford Street Daycare Cooperative
25 Francis Avenue
Cambridge, MA 02138
Ph: 617-547-3175
Fax: 617-492-1492
www.oxfordstccood.org

Date Rec'd: _____
Check#: _____
Initials: _____

PRELIMINARY APPLICATION FOR ENROLLMENT
(please print clearly and respond to all fields)

Name of Child: _____ M/F: _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City, State, Zip: _____ Home Email: _____
Parent's Name: _____ Occupation: _____
Work Address: _____ Work Phone/Email: _____
Parent's Name: _____ Occupation: _____
Work Address: _____ Work Phone/Email: _____

Childcare Needed: Please check all that you may consider

Full Time (8:15am - 5:30pm) _____ AM (8:15am -12:45pm) _____ PM (1:00 - 5:30pm) _____

Desired date of enrollment: _____ How long do you expect your child to be enrolled? _____

TOTAL ANNUAL GROSS HOUSEHOLD INCOME: _____ (required field)
(required to place you on our sliding tuition scale)

Is your child currently in care? YES/NO Where: _____

Names and ages of other children in your family: _____

Are you prepared as a member of our cooperative to work several hours per week in your child's classroom, attend monthly room meetings, assume responsibility for the functioning of the center (i.e., serve on one or more committees) and help with room and center clean-up? YES/NO

In what ways would your family help to meet the center's goals of racial, ethnic, familial, linguistic and cultural diversity? _____

How did you hear about OSDC? _____

HARVARD UNIVERSITY AFFILIATION

Is either parent a benefits-eligible employee of Harvard University (paid by the President and Fellows of Harvard College on the regular payroll)? To document this status, please provide your job title(s), unit/department(s) and school(s):

(If necessary, contact your program administrator or the Office of "Work/Life Resources to confirm benefits eligible status.)

Is either parent a currently enrolled student of Harvard University? If so, provide school and degree program:

Is either parent affiliated with Harvard University in any other way? Please specify:

(please respond to all fields)

Admissions priority is given to current families, siblings of current families and Harvard affiliated families.

Applications become active upon receipt of the \$35.00 non-refundable application fee and remain active until the child ages out or at the parent's request.

OSDC welcomes families without regard to gender, race, religion, national origin, cultural heritage, political beliefs, family lifestyle, marital status, sexual orientation, or disability.