

Anchor Bay Co-OP Preschool, Inc.
6572 Church Rd
Fair Haven, MI 48023
(586) 725-7978

Dear Parents,

Registration time is finally here and before we know it, our new school year will be upon us. To make this year fun and successful, we have to start thinking and planning now. As members, we work together to keep our school going. The best part of belonging to a Co-Op is that the parents have the opportunity to share in their child's school experience.

To begin our preparation for the 2010-2011 school – year, we will host an Orientation on Tuesday, August 24th in the meeting room at MacDonald Public Library at 6:00pm. We're anxious to meet and get to know our new members, as well as getting reacquainted with those returning this year.

Orientation is so important that your attendance is mandatory. At the Orientation you will gain an understanding of how a Co-Op preschool operates and you will become familiar with your role as a full, participating member. Our Orientation agenda will include the following information and activities:

1. Explanation of duties and responsibilities.
2. **Payment of tuition for Sept & May is due at Orientation.** The remaining monthly tuition payments are due on the 1st of every month. Late fees will be issued if payment is not received by the 10th. Payments may be placed in the lock-box located in the office.
3. Schedule of up coming events and “working days.”
4. Fund-raising discussion and information.

Lots of information is given out at Orientation which at times can be confusing and overwhelming. If something is unclear please be sure to ask. If a question arises after Orientation you can contact a board member by phone or email or you can ask the teacher for clarification.

MacDonald Public Library
36480 Main St
New Baltimore, MI 48047

Reminders:

1. Our first day of school will be September 13th, 2010
2. Make sure you have completed your registration packet before Orientation. We will be turning them in at the start of the Orientation Meeting. Please have everything thoroughly completed and all medical and emergency forms filled out. If you do not have the registration forms you can print them from www.abcpreschool.com.

Your child will not be allowed to attend school unless all necessary application forms, health forms, and emergency cards are filled out in full PRIOR to the first day of school. Please refer to the Reminder Form (sent with the registration packet) for all necessary forms we need on file.

3. **Prior to Orientation, you will receive a letter that asks you to bring in supplies for the classroom. This helps keep our cost down and helps stock our supply cabinets. Please bring them to Orientation.**
4. Orientation is an important meeting for the parents but will not be interesting to children. They will get their turn in a less crowded, more individual basis at "Meet the Teacher Day" on Wednesday August 25^h at the school.

Yours in Co-Operation,

Membership Chairperson

Parents Information

Call the school (ABCN 586-725-7978) when:

Your child will not be attending school (due to illness, vacation).
Your child will be unable to attend a field trip.

Contact Membership (abcnpreschool@gmail.com) when:

You have a change of address or phone number.
There are any changes in your child's physical condition (allergies etc.)
Your child will no longer be attending the school.
Your child has had an update of any immunizations.

Call your class liaison or any member of the Board when you have any problems or questions or concerns... (please see roster for names and numbers)

Call your emergency parent if you are scheduled to work that day or next and cannot. Emergency parents are elected and on class lists (to be distributed).

***Please do not contact (in person or by phone) the teacher for any of the above reasons. Her primary objective is the children.

Thank you.

Anchor Bay Co-OP Preschool, Inc.
6572 Church Rd
Fair Haven, MI 48023
(586) 725-7978

MEMBER REQUIREMENTS

1. **MANDATORY GENERAL MEMBERSHIP BUSINESS MEETINGS –**
After the Orientation there will also be 4 additional general membership meetings in October, November, February and April. They are typically held on the second Thursday of the month at 6:30PM at MacDonal Public Library at 36480 Main in New Baltimore. All members **MUST** attend. We will discuss schedules, teacher reports, field trip information and fund-raising information. **ONE** excused absence is allowed during the year. **Subsequent un-excused absences will be assessed a \$25 fine.**

2. **WORK DAYS AND SNACKS –** Two or three parents per session will work at the preschool on a rotating schedule. You will work approximately one to two days a month. On these days, you are a part of your child's school day. Parents will be expected to bring an assigned snack or beverage in their scheduled day. Please be aware we are a nut free school.

3. **FIELD TRIPS –** There will be field trips planned throughout the year for the children. Some past trips have been: A visit to Wolcott Farm, Blake's Orchard, and Metro Park Nature Centers. Field trip attendance is not required. Due to insurance reasons, Anchor Bay Co-Op Preschool cannot provide transportation. A parent is asked to attend field trips with their child. Siblings are welcome on most trips, but the fees, if any, must be paid by the parent.

4. **EXTRA JOBS –** At the Orientation each parent-group will be assigned a rotating extra job in the preschool. By having parents do these small jobs we are able to keep our costs down. Job descriptions can be found in the accompanying letter, as well as in the Parents Handbook. * **ONE** job absence is allowed during the year without penalty – subsequent absences will be assessed a \$25 fine.

5. **FUNDRAISING –** There is one mandatory fundraiser during the year. This will be the first fundraiser of the year. At Orientation you will learn what the fundraiser is and how much you will need to raise. You will have three choices to complete the mandatory fundraiser – you can participate in the fundraiser and raise all of the necessary money, you can participate in the fundraiser and raise part of the money and will pay the balance, or you can choose not to participate in the fundraiser and just pay the amount you were to raise.

6. **CLASS SCHEDULES:**

Parent-Tot

Tues. & Thurs.
9:00 – 10:00
\$20 monthly (1 day / week)
\$40 monthly (2 day/week)

3 yr. AM

Tues. & Thurs.
10:15 – 12:15
\$60 monthly

3 yr PM

Tues. & Thurs.
12:45 – 2:45
\$60 monthly

4 yr AM

Mon., Wed., & Fri.
9:15 – 11:45
\$95 monthly

4yr PM

Mon., Wed., & Fri.
12:15 – 2:45
\$95 monthly

5a. **TUITION SCHEDULES**

Program:	P/T1	P/T2	3yr	4yr
Sept-May	40	80	120	190 < <u>THIS IS DUE ORIENTATION NITE</u>
Oct.	20	40	60	95
Nov.	20	40	60	95
Dec.	20	40	60	95
Jan.	20	40	60	95
Feb.	20	40	60	95
Mar.	20	40	60	95
April	20	40	60	95

I hear-by agree to the following:

A non-refundable registration payment of \$40.00 for new members and \$30.00 for renewing members is due at the time of registration (\$15 registration for Parent/Tot Classes). Registration fees are used to pay for insurance, and for membership in the Michigan Council of Co-Operative Nurseries (MCCN). The fee is non-refundable unless the Preschool is unable for any reason to accept your child.

To pay tuition for September and May prior to the start of school contact the school at 586-725-7978. **May tuition will not be refundable after December 31st.**

The Treasurer will contact members failing to pay tuition one week after due date and a \$25.00 late charge will be assessed. Accounts still delinquent by the second week after due date will cause membership termination, unless the member requests the Board review the particular case. Tuition is to be paid by check or money order. Any check returned due to insufficient funds will be charged a bank fee.

To spend as many sessions with my child’s class as scheduled and to make arrangements for a replacement with another enrolled parent when unable to work on scheduled day. The TEACHER must be made aware of all schedule changes. The fine for not working will be \$25.00 plus another extra day for the following month. If it occurs twice, the Board will review the matter.

To arrive 5 minutes early on scheduled work days and leave only after all children have been picked up and the classroom properly cleaned. Unless otherwise stated by the teacher.

To abide by the health laws of the Preschool and the state.

To keep my child home in case of illness as defined in the Member Handbook, and to notify the teacher and/or the Membership Chairperson of any communicable illness.

To attend scheduled General Membership meetings on the second Thursday of the scheduled month at 6:30 PM, unless stated otherwise. At least one adult is required to attend. One excused absence is allowed during the year without penalty. Subsequent absences will be assessed a \$25 fine. If you miss a meeting, it is your responsibility to notify the Asst Treasurer, and to obtain materials and information discussed at the meeting.

To accept responsibility for my assigned extra job, or to find other replacements as necessary.

To completely fill out Sections I, II, and IV of the Health Appraisal form and have the form signed by a doctor on BOTH sides.

To complete entirely the emergency card, clearance form, abuse & neglect form for each adult working in the classroom. This includes parents, grandparents, babysitters, other family members, etc.

To read the Handbook and be familiar with the Preschool policies, classroom rules and discipline policy.

I have the right to petition the Board regarding fines or failure to meet obligations as stated in the Anchor Bay Co-OP Preschool Constitution and By-Laws.

No Preschool equipment may be loaned without the approval of the Board.

To participate in all fund-raisers by selling the required amount of items or opting to buy out at the schools portion.

That while my child is attending the Preschool, I will due my part and to take turns supplying a snack and/or drink as stated on the schedule.

Sign this part and return to ABCN

Membership Requirements

I have read and agree to abide by all of the above information and requirements as subject to the terms and conditions of the Anchor Bay Co-Op Preschool, Inc.

Date: _____ Child's Name _____

PARENTS': _____ PHONE: _____
NAMES

_____ PHONE: _____

PARENTS' _____
SIGNATURES

PARENTS' _____
SIGNATURES

Anchor Bay Co-Op Preschool, Inc.
54205 Washington
New Baltimore, MI 48047
(586) 725-7978

Membership Information Form

Child's Name: _____ Phone _____

Child's Birthday: _____ Circle One: Male Female

Class enrolled in: _____

Child's Address: _____

Mother's Name: _____ Father's Name: _____

Parent's Address: _____
(where info should be sent & to whom)

Email Address: _____

Can email be used for regular correspondence? Yes _____ No _____

Referred by: _____ How I heard of the preschool: _____

Mother's Occupation/Employer: _____ Phone _____

Father's Occupation/Employer: _____ Phone _____

Other Children in Home: _____, age: _____ / _____, age: _____

_____, age: _____ / _____, age: _____

Pets at Home: _____

Any specific fears or concerns you or your child has regarding school: _____

Any Allergies or important medical information regarding your child: _____

What do you hope to accomplish with this educational experience? _____

CLASSROOM WORKING AVAILABILITY

Your
Name: _____

If you are unable to work in the classroom on certain days of the month (i.e. you work on Tuesdays, baby-sitting duties, etc.) please let us know.

I am available on:

Monday

Tuesday

Wednesday

Thursday

Friday

Other: _____

If dates are left open on the monthly calendar this sheet will be used to find someone to fill that date. When you get the completed calendar please look over all the dates not just the one you requested in case your name was added to an open date. If you are not available to work then please contact the Scheduling Chairperson.

Thank you,
Scheduling

T-Shirt Order Form

ABCN will provide a T-shirt for children in the 3 year and 4 year classes. If you would like a t-shirt please fill out info below.

I would like a t-shirt for my child.

Child's name: _____

Child's class: _____

I already have an ABCN t-shirt for my child and do not need one at this time.

If you would like to order a t-shirt for you or your child please fill out the info below.

Name: _____

Class: _____

Child size T-Shirt (x-small) _____ (qty) x \$6.50 ea = \$ _____

Adult size T-Shirt _____ (qty) x \$9.50 ea = \$ _____

small
 medium
 large
 x-large

Child size Hoodie (x-small) _____ (qty) x \$16.50 ea = \$ _____

Adult size Hoodie _____ (qty) x \$19.50 ea = \$ _____

small
 medium
 large
 x-large

Total: \$ _____

Please make check payable to ABCN

Central Registry Clearance

I give my permission for Anchor Bay Cooperative Nursery to request Central Registry Clearance for me as I will be a volunteer in the classroom. I understand that if I am not listed in the Registry, the results will be mailed to Anchor Bay Cooperative Nursery for their files. I have also provided a copy of my driver's license or state ID.

Name (including Also Known As Including Maiden Names)	Date of Birth	Social Security Number	Phone #	Signature
--	--------------------------	-----------------------------------	--------------------	------------------

Please list all of the people that will be volunteering class for your child. Each person must sign and give a copy of their driver's license. Failure to do so may result in that person being excluded from working in class.

Anchor Bay Co-Op Nursery School, Inc.
6572 Church Rd
Fair Haven, MI 48023
(586) 725-7978

CRIMINAL CHECK &
CHILD ABUSE/NEGLECT WAIVER

- * I am aware that abuse and neglect are against the law.
- * I have been informed of ABCN's policies on child & neglect (see handbook).
- * I know that caregivers are mandated by law to report abuse and neglect.

I have been convicted of any offenses more serious than a minor traffic violation.

YES _____ NO _____

I have been convicted of child abuse or neglect.

YES _____ NO _____

I have been convicted of a felony involving harm or the threat of harm.

YES _____ NO _____

If any of the above questions have been answered "YES", please explain:

I have been involved in a substantiated case of child/adult abuse or neglect resulting in my name being placed of the Family Independence Agency central registry:

YES _____ NO _____

If the answer is "YES", please explain:

It is my understanding that the above information will be shared with the State of Michigan Department of Consumer and Industry Services.

Child's Name _____ Class _____

Signature _____

**Anchor Bay Co-op Nursery, Inc. Preschool
Website Waiver**

Please Complete the following information:

Please Check One:

_____ **I give permission** for my **child's image** in the form of a scanned photograph, digital photograph, or video clip to be posted on the World Wide Web as part of a class photo album accessed through a password protected webpage.

_____ **I do not give permission** for my **child's image** to be posted in the World Wide Web as part of a class photo album.

Please Check One:

_____ **I give permission** for my child's **school work** to be posted on the World Wide Web as part of a school developed page.

_____ **I do not give permission** for my child's **school work** to be posted on the World Wide Web as part of a school developed page.

Please Check One:

_____ **I give permission** for my **child's name (first name only)** to be used in conjunction with a picture and/or my child's school work on the World Wide Web as part of a school developed page accessed through a password protected webpage.

_____ **I do not give permission** for my **child's name (first name only)** to be used in conjunction with a picture and/or my child's school work on the World Wide Web as part of a school developed page.

Please print the following information:

Parent of Guardian
Name: _____

Child's Name: _____ (check one) 4am____ 4pm____
classroom: 3am____ 3pm____ P/T____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

I understand that this use of technology will be through a password protected website, but that Anchor Bay Co-op Nursery, Inc. cannot control the website should a parent provide their access information to another. I agree to hold harmless the staff and directors for any unauthorized access or misuse of the website.

Parent Signature: _____ Date: _____

Please note: We will keep this on file during the current school year at ABCN. If for any reason you decide deny permission after you have submitted this form, please call the school (586-725-7978)

Anchor Bay Co-OP Preschool, Inc.
6572 Church Rd
Fair Haven, MI 48023
(586) 725-7978

Reminder Form

_____ **MEMBERSHIP INFORMATION FORM**

Needs to be signed and completed.

_____ **MEMBERSHIP REQUIREMENTS FORM**

Needs to be signed and completed.

_____ **HEALTH APPRAISAL FORM** (printed separately from website)

Needs to be completely filled out and signed by a doctor on BOTH sides. All immunizations must be up to date. If you intend on waiving an immunization (example Chickenpox) – please contact Membership 725-7978 IMMEDIATELY for a waiver. This form may be available at your doctors office. **THIS MUST BE COMPLETE PRIOR TO THE FIRST DAY OF SCHOOL.**

_____ **EMERGENCY CARD** (printed separately from website)

Needs to be **completely** filled out front and back and signed. Blank lines must be filled with either “NONE”, “N/A” or “SAME”. All people who you wish to have pick-up or drop off your child **MUST** be listed (add paper if necessary). Your child will not be released to anyone if they are not listed on this card.

_____ **CENTRAL REGISTRY CLEARANCE**

Needs to be completed and signed by any person who will work the classroom. We will also need a copy of each persons Driver’s License. This is a law passed by the state with which we must comply. This will need to be completed for **EACH** adult that will be working in the classroom.

_____ **COPY OF YOUR DRIVER’S LICENSE**

To be sent in with the Central Registry Clearance – copy needed for each adult that will be working in the classroom.

_____ **CRIMINAL ABUSE & NEGLECT WAIVER**

Must be filled out for **EACH** adult working in the classroom

_____ **CLASSROOM AVAILABILITY**

_____ **WEBSITE WAIVER**

_____ **T-SHIRT ORDER FORM**