



REGISTRATION PACKET

Shoreline Cooperative Preschool

816 NE 190th Street • Shoreline, WA 98155 • 206-362-3257

www.shorelinecooperativepreschool.org

Welcome to Shoreline Cooperative Preschool. This packet contains the forms necessary to begin the school year. Please take your time to read and complete everything requested. In this packet you should have the following forms:

- Registration Form (2 pages)
- Release Form
- Membership Agreement (2 pages)
- Immunization Form
- Shoreline Community College Registration Form (**do not date**)

INSTRUCTIONS: Please save a copy of this PDF to your computer, type in the form and email this to registrar@shorelinecooperativepreschool.org. We also need your signature on pages 3 and 6 so please also print out the completed form, sign and mail them to Patty Cheng at 13549 Northshire Rd. NW, Seattle, WA, 98177 along with a \$45 registration check written to Shoreline Cooperative Preschool.

If you are missing anything, need another copy, or have any questions, please contact our Registrar or our Director, Patty Cheng, at the Preschool at 206-362-3257. When you have completed this packet, return it and your non-refundable **registration check of \$45**, made out to Shoreline Cooperative Preschool, to the Registrar or Patty. (Fee is \$55 if you register two students). Your space in the class is reserved only when your completed paperwork and registration money are received.

For Office use only:			
Child's Name _____	Class _____		
Received by _____	Date _____	Time _____	
Attending _____ days per week.	Packet Completed? Y or N	Check # _____	Check Amt _____

Shoreline Cooperative Preschool does not discriminate on the basis of race, color, sexual orientation or national and ethnic origin in the administration of its educational policies, admissions policies, scholarships or other school-administered programs.

Shoreline Cooperative Preschool is affiliated with Shoreline Community College.

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Current date _____ Start date (circle one): Fall 2011 Today Other (specify) _____

Class (circle one): Discoverers (2-3yr) Imagineers (3-5yr AM) Inventors (PreK 4-5yr PM) Visitor/Sibling

Child's Information:

Full name _____ Nickname _____

Address _____ City & Zip code _____

Home Phone () _____ Cell() _____ Date of birth _____

Child's previous group experience _____

Brothers & Sisters (names & ages) _____

Adult's Information: Complete this section for whoever will be enrolled in Shoreline Community College Parent Education and will be the primary person to attend preschool ("participate") with this child.

Name _____ Relationship to child _____

Address (if different) _____ City & Zip (if different) _____

Phone(if different)() _____ Cell() _____ Email _____

Certifications? (please circle) CPR First Aid HIV/AIDS College Degree(s)? (specify) _____

Other Adult Information: Complete this for the other parent, or for parents/guardian(s) if different from above.

Name(s) _____ Relationship to child _____

Address (if different) _____ City & Zip (if different) _____

Phone(if different) _____ Cell() _____ Email _____

Please list all phone numbers for above adults, in the order they should be tried if necessary for an emergency during the school day, with identifying comments (home, Mom's cell, Dad's work, guardian's pager, etc.):

1) () _____ 4) () _____

2) () _____ 5) () _____

3) () _____ 6) () _____

Please list 2 additional local emergency contacts, in case adults above cannot be reached (i.e., neighbor, friend).

1) Name _____ Relationship to child _____

Address _____ Phone () _____

2) Name _____ Relationship to child _____

Address _____ Phone () _____

Any special skills, hobbies, or resources you might be willing to share (i.e., plumbing, carpentry, accounting, printing, copying, music, dance, photography, etc)? _____

How did you hear about our preschool? _____

This form is taken along on all excursions away from the preschool and is kept on file at preschool in case your child needs emergency attention. Please fill in completely so emergency personnel will have all background information to treat your child quickly, effectively and safely.

Child's Physician _____ Phone _____

Address _____

Health Problems _____

Allergies, including drug reactions _____

Regular Medications _____

Operations or serious accidents _____

Particular fears _____

Name of Health Insurance _____ Employer _____

Name of Subscriber _____ Subscriber's DOB _____

Group # _____ Subscriber's Policy # _____

Consent to Medical Care and Treatment of Minor Children:

I hereby give permission that my child, _____, may be given emergency treatment by the Shoreline Cooperative Preschool teacher or aide(s) holding current first aid/CPR cards, by established first aid procedures in the case of a medical emergency. In case of accident or illness, attempts will be made to contact parents before any kind of action is taken beyond necessary first aid, except as necessary in a life-threatening situation. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian Signature _____ Date _____

Shoreline Cooperative Preschool

Release Form

Child's Name _____ Date _____

Please read the following release statements and indicate with an "x" the statements you approve. Sign at the bottom.

Excursions: I give my child permission to go on Shoreline Cooperative Preschool field trips. Yes _____ No _____

Parents will be notified in advance of all field trips.

Photographs: I give permission for my child to be photographed/ videotaped in scheduled preschool activities. Yes _____ No _____

Such photographs/ videotapes may be used by SCP for publicity or educational purposes.

Regularly Authorized Adults: I authorize the release of my child to the following adults during the school year (please update during the year as circumstances change):

Anyone who does not have permission to pick up my child:

Parent/Guardian Signature _____

Relationship to Child _____

Shoreline Cooperative Preschool

Membership Agreement

Page 1

I understand that this Shoreline Cooperative Preschool (SCP) is a cooperative preschool, and I agree to the following:

I. Obligations

- A. I agree to work as a parent/teacher at SCP 1 class per week per enrolled child in my family, unless I seek and am granted nonparticipating status **or** I am on 1 month of maternity leave. In the Imagineers or Inventors class, if I cannot attend a class at which I am scheduled to work, I agree to arrange for a substitute as per the Handbook or (if unable to arrange a substitute) to notify the Director and Class Coordinator before the missed class.
- B. I agree to prepare and serve nutritious food when assigned to bring snack.
- C. I agree to attend the monthly parent meetings, at which SCP business and parent education topics are covered. If I miss more than one meeting a quarter, I will make it up by writing a book report, attending another preschool's Parent Meeting, or doing a project approved by the Director.
- D. I agree to contact the Director, complete required paperwork, and stay for class if I bring a sibling or visitor child to class. I will refer to the Visitor/Sibling in the Handbook for details.
- E. I agree to assist with fundraising (in past years this has been the fall Carnival, including Auction and Raffle) and any special projects as determined by the Board of Directors, **or** pay the nonfundraiser fee as in III-E (on back side of this page). I will refer to the Handbook for details.
- F. I agree to participate on a preschool committee or serve on the Board of Directors.
- G. I agree to clean the preschool as required on a rotating basis (typically 1-2X/yr), unless I serve on the Board.
- H. I agree to participate in SCP set-up in September and in SCP clean up at the end of the school year.
- I. I agree to have and carry a valid driver's license, and to have and carry liability insurance on any vehicle I use for transporting preschool children.

II. Tuition and required fees

- A. I agree to pay the \$45 registration fee (\$55 for two children from same family).
- B. I agree to enroll in the Shoreline Community College Parent Education class and will pay the college credit fee as required and determined by Shoreline Community College. I may pay this quarterly when due (in September, December, and March) or annually (in September). This fee is \$26/quarter (\$78/yr) for Discoverers or \$39/quarter (\$117/yr) for Imagineers/Inventors, but is subject to change.
- C. I agree to pay monthly tuition (Discoverers \$77/mo, Imagineers \$118/mo, Inventors \$133/mo) for every month enrolled, September through May. The annual tuition is averaged over 9 months and is not discounted for holidays or vacations. Tuition is discounted \$5/mo for second child from same family. I understand that tuition is due on the first of the month and is late after the 15th. I accept full responsibility for meeting tuition payments for the school year.

(CONTINUES ON OTHER SIDE - - - PLEASE READ BOTH PAGES AND SIGN ON BACK SIDE)

Shoreline Cooperative Preschool

Membership Agreement

II. Tuition and required fees, continued

- D. I agree to pay monthly tuition regardless of any absence(s) due to illness, bad weather, holidays, vacation, travel, or maternity leave. I understand that tuition is not normally excused, discounted, prorated, or refunded for any reason. However, special requests regarding tuition (including scholarship requests, due on or before the first of the month) may be submitted to the SCP Board in writing, outlining special circumstances and the specific request(s). I will refer to SCP Bylaws for further details.

III. Nonstandard fees – I agree to pay the following fees if applicable:

- A. Returned check fee: \$20 for any check I write to SCP that is returned unpaid.
- B. Visitor/sibling fee: \$10 per child per class for any visiting child (other than infant) I bring to class, unless in order to work on my SCP workday I need to bring a sibling whose school is not meeting that day (no fee in this case).
- C. Infant fee: \$1/class or \$20/yr if I bring my infant to class.
- D. Nonparticipating fee: \$35/mo for Discoverers, \$45/mo for Imagineers or Inventors if I seek and am granted nonparticipation status (maximum 1 family per class).
- E. Non-fundraising fee: \$225 (subject to change) if my family does not participate in the major fundraiser(s).
- F. Preschool will pay for 1 adult and the enrolled child(ren) per family to attend field trips. The family is required to pay for all other siblings, guests and extra adults

IV. Other

- A. I agree that during preschool class time, all attention will be focused on the children. Personal business will be conducted outside of class hours.
- B. I understand that corporal punishment is forbidden at any time during school by Washington State law.
- C. I understand that smoking is not allowed during class or on school premises.
- D. I understand that this registration packet is not complete until I have completed all required forms and paid the registration fee. I agree to submit my child's emergency release form and immunization records, as required by state law.
- E. I will read the SCP Handbook and refer to it for any questions on above requirements and fees. (Edition for the school year I am now registering for will be available in September.)
- F. I have read this Membership Agreement. I understand and accept all of the obligations of membership. As a member I am entitled to active participation in decisions regarding the preschool. My child is entitled to a preschool experience that is developmentally appropriate, where he or she is valued as a unique and worthy individual. I will work to support both parents and children at SCP in order to create a caring community for families.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____