

Cooperative Preschool Registration Form

Keep the yellow copy of this form for your records. Mail the white copy to the membership chairperson listed below:

Return to:

Name of school Steilacoom CoOp Preschool Membership chairperson _____

Address PO Box 88804, Steilacoom, WA 98388

Phone: _____

Child's name (last/first/name used) _____ Date of birth _____ Age _____ Sex M F

Home address (inc. zip code) _____

Home Phone _____ Cell Phone _____ E Mail _____ Fax # _____

Parent/guardian name(s) (last, first) _____

(last, first) _____

Mother's occupation _____ Employer _____

Interests _____ Work Phone _____

Father's occupation _____ Employer _____

Interests _____ Work Phone _____

AGREEMENT BETWEEN PARENT(S)/GUARDIAN(S) AND PRESCHOOL

I (we) understand that this is a parent participation preschool coordinated by the Home and Family Life Department of Bates Technical College. I (we) further understand that the main purpose of this program is parent education in child development and that the preschool's success depends upon the participation and sharing of responsibilities by all families.

As a parent/guardian in _____ Cooperative Preschool, I (we) agree to fulfill our participation and responsibilities in the following ways:

- Pay required fees: School Registration (nonrefundable) – Bates Registration Fee – Preschool Tuition – and other fees as required by our school.
AMOUNT DUE WITH FORM _____ **INCLUDES** _____
- Attend a minimum of 1 parent education opportunity for every month the family is enrolled, which must include Orientation and Parent Training.
- Work in the classroom as an assistant on my assigned days and take responsibility for providing a trained substitute when necessary.
- Provide a nutritious snack for all children on my assigned day on a rotating basis under the direction of the teacher.
- Keep my child at home if there are signs of any communicable disease.
- Volunteer for a board position or a committee position.
- Participate in fundraising according to school guidelines.
- Complete and submit all forms required by the school including Information Form, Consent for Emergency Medical and Surgical Care, and Certificate of Immunization, Bates Registration form and Child Release form.
- I give permission for my child to be taken on supervised field trips throughout the school year, by foot or car, as notified by the school.
- Fulfill duties assigned equally to all for the upkeep of the school facilities.
- Allow my child to be videotaped and/or photographed during class activities for educational purposes.

By signing the portion below, I (we) are willing to meet the above requirements and to abide by the constitution, standing policies and hand-book of the school.

Mother/guardian's signature _____ Child's Class _____

Father/guardian's signature _____

Date: _____

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