

Comstock Co-operative Preschool

Welcome!

Dear Parents,

Thank you for your interest in the Comstock Co-op Nursery School. Please read through the enclosed information. If you have any questions, please feel free to get back in touch with us at (269) 342-5054, or via E-mail at comstockpreschool@gmail.com.

Orientation will be held September 7, 2011 at 7 p.m. in the classroom.

If you would like to register, please send your completed registration form and a check or money order made payable to Comstock Co-op Nursery School to hold your child's place. The fee will be a non-refundable registration fee (\$50.00) and May's tuition (\$70.00 for the Tuesday/Thursday 3-year-old class or \$105.00 for the Tuesday/Wednesday/Thursday 4-year-old class). Please return this payment to our post office box:

**Comstock Co-op Preschool
P.O.Box 132
Nazareth, MI 49074**

Also enclosed is a health form which needs to be completed by your child's doctor's office. This form can be turned in to the Co-op at a later time. Please feel free to contact us if you have questions about any of the paperwork, or about the preschool in general.

We look forward to hearing from you.

Comstock Co-operative Preschool

Financial Information - 3's

The payments you make confirm your registration in the Comstock Co-op Preschool, and include:

| | |
|--|--|
| May 2012 Tuition* | \$70 |
| Registration Fee (Non-refundable) | \$50 (\$30 if paid by June 1, 2011) |
| Total | \$120 (\$100 if paid by June 1, 2011) |

Orientation will be Wednesday, September 7, 2011 at 7 p.m., and the following expenses will be due at that time. Classes begin September 8 for 3 year olds. Classes start promptly at 9:00 a.m.

| | |
|--------------------------|--------------|
| September Tuition | \$70 |
| Cleaning Deposit | \$25 |
| Field Trip Fee** | \$5 |
| Total | \$100 |

* If you must drop out of a class, you may request a refund of your May tuition. It must be made in writing, stating your reason for not finishing the school year. Your refund will be issued as soon as your spot is filled, as stated in the Co-op guidelines.

** The Field Trip Fee is to cover a *portion* of the field trip expenses. Other fees may be collected at the time of a particular trip. If needed, you have until November 1, 2011 to pay your Field Trip Fee.

If you have any questions about these fees, membership issues, or tuition issues, please call us.

Please keep this letter.

Comstock Co-operative Preschool

Registration Form - 3's

Child's Name:

Mother's Name:

Father's Name:

Address:

Phone Number (Home):

(Work):

(Cell):

(E-mail):

Child's Present Age:

Birthdate:

Name child goes by:

Emergency Contact:

Phone Number:

The three year olds meet Tuesdays and Thursdays. The morning class is 9:00-11:30 a.m.
The afternoon class is 12:30-2:30 p.m. (Note - PM Class is available only when enrollment allows)

Please indicate your choice of session: A.M. / P.M.

How did you hear about the Co-op?

Date:

Signature:

Comstock Co-operative Preschool

Co-op Guidelines — Revised February, 2009

1. Your child must be 3 or 4 years of age by December 1st of the school year.
2. Your child must be potty-trained.
3. Each child **MUST** have a physical exam before nursery school begins in September. Immunizations must be current with Michigan state law. Exams must be updated on the child's birthday.
4. Spaces are filled on a first-come, first-served basis:
 - 16 children for each 3-year old session
 - 18 children for each 4-year old session
5. In order to insure a place for your child, a \$50.00 non-refundable registration fee, a pre-payment of May's tuition (\$70.00 for 3-year-olds and \$105.00 for 4-year-olds), and the attached registration form must be returned. Please make check or money order payable to Comstock Cooperative Nursery, Inc. **DO NOT SEND CASH, PLEASE.**
6. If you withdraw your child from school, your tuition pre-payment (month of May) will not be refunded until that spot has been filled again.
7. September tuition and the cleaning fee are due the night of Parent Orientation. If you enroll your child after the school year begins, you must pay your \$70 (3-year-olds) or \$105 (4-year-olds) and cleaning fee at that time.
8. Tuition is due on the first class session of each month, and no later than the 10th day of the month. A late fee of \$5.00 will be charged for all late payments.
9. This is a Co-op. You, or someone you designate, will be responsible for working about 2 class sessions per month, per child enrolled. If a worker needs to be scheduled for more than 4 hours in a two week period, they will be required to submit proof of a physical examination and TB test in accordance with State Law. These are good for two years. If you are unable to work on your assigned day, you are responsible for finding your replacement and notifying the Work Schedule Chairperson of the change.
10. Each family takes turns throughout the year to bring in a nutritious and tasty snack, including a beverage. Some ideas include muffins, cheese and crackers, raisins and fruit or veggies. Drinks can be milk or 100% juice. Bring enough to serve approximately 22 people (depending on class size).
11. Parents are responsible for attending and providing transportation to and from field trips. If parents cannot attend, you may find another parent to be in charge of your child. There is a fee for field trips: \$5.00 for 3-year-olds, and \$25.00 for 4-year-olds.
12. Each family **MUST** serve on a committee. A brief explanation of each committee is attached. You may sign up for a committee at the time of enrollment or at Parent Orientation. You may serve as a board member instead of a committee. All Board Members serve a two-year term. Meetings are on the 1st Monday of each month, and **ALL PARENTS** are encouraged to attend.
13. Each family is responsible for bringing in a few supplies twice during the year for each child enrolled.

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Comstock Co-operative Preschool

Co-op Guidelines — Revised February, 2009

14. There is a very important Parent Orientation night the 1st Wednesday in September, prior to the first class session. All family members that intend to work in the classroom **MUST** attend this meeting. It is best if **only the adults** attend this meeting. The teacher will lead an informal discussion explaining the duties of the working parent when in the classroom. A mandatory movie from OSHA on blood-borne pathogens will be shown. If you enroll your child after school begins, you will be required to attend the next board meeting and have an informal orientation at that time.
 15. Classes begin the first Thursday/Friday in September, and end the third week in May.
 16. A parent must attend the first class session with the child. This class period will not last the full 2 or 2½ hours.
 17. The school schedule is the same as the Comstock Schools for closings, delays and holidays. We are not closed for conferences or records days. If school is delayed, there will be no AM preschool. The PM preschool session will be up to the discretion of the teacher.
 18. A “normal” daily class schedule looks something like this:
 - Arrival 8:50am
(Hang up coats, attendance, put backpacks in boxes. Find rectangle for 1st circle)
 - First Circle 9am-9:30am
(Calendar and weather, Show and Tell, Love Box, Feely Box, The Projects and focus of the day, Stack rectangles)
 - Center and Project time 9:30-10:45am (Move from center to center, projects with Mrs. J and helpers)
 - Pick-up bell—10:50ish (Centers and floor tidied)
 - Second Circle (Parents set up for snack, Poems, songs, talk, story time, To the bathroom as a group for hand-washing before snacks)
 - Snack Time—11:15 or earlier—depends on outdoor days
 - Outdoor time— Say Good-bye
- PM sessions are dependent on AM sessions being filled. PM sessions would run from 12:30-3pm

The Michigan Department of Consumer and Industry Services, our licensing body, requires that all Child Care Centers screen everyone who assists in the care of children. The purpose of this screening is to insure the personal safety of all children. **Since parents and family assist in the classroom at Comstock Cooperative Nursery School, both parents and any person volunteering to work in the classroom are required to answer the following statements and sign the bottom of the form.**

Have you ever been convicted of a criminal offense?

If yes, please describe on the back of this page.

1. **YES** or **NO**

2. **YES** or **NO**

Have you ever been convicted through Juvenile Court

of child abuse or neglect? If yes, please describe on the back of this page.

1. **YES** or **NO**

2. **YES** or **NO**

It is also required for our school to inform all volunteers working in the classroom that any abuse/neglect of a child is illegal. If, during the course of the school year, any observation is made concerning possible abuse or neglect of a child, the worker is obligated to adhere to the following procedure:

1. Concern will be brought to the parent's attention
2. Parent's statement regarding concern will be documented.
3. The Teacher/Program Director will then contact the State Family Independent Agency / Protective Services of concern.

We have read above issues and agree to comply per State Law.

We Certify that the above answers herein are true and complete.

We authorize investigation of all statements contained herein.

1. Signed: _____ Date: _____

2. Signed: _____ Date: _____

Child's name _____ Class: _____

**CHILD INFORMATION RECORD
STATE OF MICHIGAN**
Department of Human Services
Office of Children and Adult Licensing

| | | | | | | |
|---|-------|-------------------------|--|---------------------------------------|-------|-------------------------|
| Date of Admission | | Allergies | | | | |
| Date of Discharge | | | | | | |
| Name of Child (Last, First, Middle Initial) | | | Address (Number and Street, Building/Apartment Number) | | | |
| Child's Date of Birth | | Home Phone () | | City | State | Zip Code |
| Father/Legal Guardian's Name | | Home Phone | | Mother/Legal Guardian's Name | | Home Phone |
| Home Address (if not child's address) | | Cell Phone | | Home Address (if not child's address) | | Cell Phone |
| City | State | Zip Code | | City | State | Zip Code |
| Employer/School Name | | | Employer/School Name | | | |
| Address (Employer/School) | | | Address (Employer/School) | | | |
| City | State | Zip Code | | City | State | Zip Code |
| Employer/School Phone () | | Daily Work/School Times | | Employer/School Phone () | | Daily Work/School Times |
| Name(s) of Person other than Parent or Legal Guardian to whom child may be released | | | | | | |

OCAL-3731 (Rev. 1-06) Previous edition may be used.

See Reverse Side

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|---|-----------------------|---|--|
| I give permission to _____, licensed by the Department of Human Services (Provider's Name) to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. | | | |
| Signature of Parent or Guardian | | | Date Signed |
| Name of Child's Physician or Health Clinic | | Physician's or Health Clinic's Phone Number () | |
| Address of Child's Physician or Health Clinic | | Name of Health Insurance Carrier | |
| Hospital Preferred for Emergency Treatment | | Health Insurance Policy Number | |
| Special Needs: | | Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot | |
| Name of Local Person to be Notified in an Emergency When Parents Not Available | | Local Address of Emergency Person | |
| Home and/or Cell Phone () | Work Number () | City, State | Zip Code |
| Special Instructions: | | | |
| Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. | | | AUTHORITY: Act 116 of P.A. 1973 COMPLETION: Required PENALTY: Rule Violation Citation. |

OCAL-3731 (Rev. 1-06) Previous edition may be used.

I, _____, am requesting to have my name checked on the Central Registry. This will confirm that I have never been involved as a perpetrator in a child protective case.

Signed

Date of Birth

Address

Former married or maiden names I have used

Please send this form to:

**Marty Chingo
Kalamazoo Family Independence Agency
322 Stockbridge
Kalamazoo, MI 49001**

Please send in this form immediately!! Ms. Chingo will confirm that your name does not appear on the Central Registry and, in about two weeks, will return confirmation to you. Please return this confirmation at orientation - ***you may not work in the classroom until the confirmation letter you receive has been given to the preschool.*** It is state law. You may make copies of this form - one for each parent if both will be working in the room.

Thank you.

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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|--|--|
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| | |
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TESTS AND MEASUREMENTS

| | Normal | Under Care | Referred | | Normal | Under Care | Referred |
|---|--------|------------|----------|---|--------|------------|----------|
| Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ocular Muscle Date _____ <input type="checkbox"/> Other _____ | | | | Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic | | | |
| Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Date _____ | | | | Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____ | | | |
| Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Height _____ Weight _____ Other: | | | |
| Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Reading _____ | | | | Blood Lead level recommended for all children age six and under | | | |

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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| | |
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Tuberculin Test (if given) Date _____ Type _____ Negative Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? Yes No
 If yes, please explain:

| | |
|--|--|
| | |
|--|--|

Should the student's activity be restricted because of any physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gymnasium Swimming Pool Competitive Sports Camp Other

| | |
|--|--|
| | |
|--|--|

Examiner's Signature _____ Date _____ Examiner's Name (print or type) _____ Degree or License _____

Number & Street _____ City _____ Zip _____ Telephone _____

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:

Child's Name _____

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Dentist's Signature Date

COMMENTS

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