**2013/14**

#### ADMISSION AGREEMENT

**Pacifica Co-op Nursery School**

## 548 Carmel Avenue

**(650) 355-4465**

Child’s full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Basic Services**: The Nursery School will provide the following basic services for your child:
2. Provide a structured learning environment
3. Provide a healthful and nutritious snack
4. Provide a clean and safe environment
5. Provide constant adult supervision
6. Provide educational supplies and equipment
7. **Optional Services**:
8. Childcare: Children may attend additional days in their session (morning or afternoon) on a space available basis, with the prior approval of the Director, for $30.00 per session.
9. Scholarship Program: Limited scholarships are available for families with qualifying income. The Director will determine the number of days a child will attend. The families in this program are responsible for all requirements and duties required by the Membership Handbook. For more information, please see the enclosed forms.

##### C. Membership Commitments

1. I will work one scheduled work day each week, or be responsible for arranging a worker (either family member or Worker For Donation), or arrange to trade my work day with another member of the Co-op, as needed. The rate for Worker For Donation is **$30.00** per session, to be paid within 7 days.
2. I will be available to work as the Emergency Parent of the Day (EPOD), once every 4 to 7 weeks on a pre-scheduled day. If I Work as EPOD, I will be paid **$35.00** per session, by the person requesting my services.
3. I will attend the Communication/Information meetings, held four Friday evenings during the school year. Dates are listed on the school calendar.
4. I understand that attending the Communication/Information meeting is an integral part of my commitment and I will pay **$50.00** for any missed meeting.
5. My child is fully potty-trained and is not wearing Pull-ups during school hours. He/She is also off the bottle and pacifier during school hours.
6. I will hold an ongoing job in the school.
7. I will participate in the Trike-a-Thon fundraiser (October) and the SpringFest fundraiser (March). The SpringFest participation component consists of holding a pre-Spring Fest job, holding a day-of-the-Spring Fest job (4 hours), donating two crafts or services worth at least $50.00\* each, donating funds\* for food and beverages, and selling entrance tickets\* and raffle tickets\*.

\*Note: These amounts will be determined on a year-to-year needs basis.

1. I will complete 8 hours of maintenance for the school, 4 hours during the fall semester and 4 hours during the spring semester (these are referred to as “enhancement hours”).
2. I will provide the school with all necessary forms and information including proof of a negative TB test, taken within the last three years for the Director-approved family member who works at the school.
3. I will pay a **$75.00** (per new child) or **$55.00** (per returning or sibling child) non-refundable registration fee. I will also pay a yearly non-refundable janitorial fee of **$40.00** before my child(ren) starts school. In addition, I will submit 2 pre-dated checks in the amount of **$80.00 each** (dated Feb. 1st, and June 1st of the next year), to be returned to me or destroyed upon completion of **ALL** my financial and participatory obligations of this membership commitment. These commitments include completing the enhancement hours (#8 above), payment of any outstanding fees, and return of any library books. These “commitment” checks will be cashed if I fail to complete my commitments.
4. I will subscribe and participate in **eScrip**.
5. I understand that tuition is due the first of each month and is delinquent on the **10th** of each month. If I fail to pay my child’s tuition on time, an additional **10% late fee** will be added. The monthly tuition schedule is a follows (per child):
   * + **1 day per week = $106.00 per month**
     + **2 days per week = $184.00 per month**
     + **3 days per week = $262.00 per month**
     + **4 days per week = $331.00 per month**
     + **5 days per week = $391.00 per month**

Checks and money orders are to be made out to the “**Pacifica Nursery School, Inc**.” December and June are ½ tuition months.

1. Should I need to withdraw from membership, I will give a minimum of 2 weeks notice, arrange for a worker to cover my workday for those 2 weeks (if needed), and pay any outstanding tuition within 30 days. If I fail to meet my financial commitments, my family will not be allowed to re-enroll in school at a future time.
2. If I am unable to meet any of the above commitments, I can request a confidential meeting with the Board of Directors to work out a possible solution. I may either communicate directly with the board members or through my representative, as soon as I realize that I have a problem. If I fail to meet my commitment or to work out a solution with the Board of Directors, I am subject to probation and termination. If I fail to fulfill my agreed-upon conditions within the required time frame, my child’s enrollment will be discontinued.
3. In the case of a serious issue affecting my child (such as health, custody, restraining order, etc.), it is my responsibility to contact the school. Together with me, the school’s policy regarding the particular issue will be reviewed. If any changes to the situation occur while being a member of the school, it is again my responsibility to inform the school of this change.
4. I will read the handbook and adhere to its policies and procedures. I can download the Handbook on the school website at [www.PacificaCoop.org](http://www.PacificaCoop.org) or I may request it, in writing, as a hand-out.
5. I will return any library books I still have at home at the end of every school year.
6. I will promptly pay any fees I owe.

I have read the Admission Agreement and agree to all the Membership Commitments as listed above.

Signature of Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by School Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**WISH LIST FOR THE 2013-2014 SCHOOL YEAR**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** (Month) Starting: \_\_\_\_\_\_\_\_\_\_

**Please CIRCLE your choices:**

I would like to be in the **AM** **PM**  session.

If the morning session is currently full, I would like to be put on a wait list for a morning spot when it becomes open:

**Yes No**

I would like my child to attend the following days: **M T W TH F**

(Please read the Choosing for Success article in this packet to help determine number of days.)

My **work-day** 1st choice is: **M T W TH F** no preference

2nd choice is: **M T W TH F** no preference

My **EPOD** 1st choice is: **M T W TH F** no preference

2nd choice is: **M T W TH F** no preference

Will you be bringing an infant (<9 mos.)? **Y N**

I would like to be a worker for donation. **Y N**

Are you an alumni family? **Y N**

Graduating student’s name and year (if yes): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For marketing purposes, please indicate how you heard about our program:**

Word of mouth\_\_\_\_ Flyers \_\_\_\_ Internet\_\_\_\_ Newspaper\_\_\_\_

Pacifica Mother’s Club\_\_\_\_ Other\_\_\_\_

**If you were referred, whom may we thank? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pacifica Co-op Registration Communication Sheet**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For marketing purposes, please indicate how you heard about our program:** Word of mouth\_\_\_\_ Flyers \_\_\_\_ Internet\_\_\_\_ Newspaper\_\_\_\_ Pacifica Mother’s Club\_\_\_\_ Other\_\_\_

**FOR OFFICIAL USE ONLY BEYOND THIS POINT**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session: AM PM

Days Attending: M T W Th F Worker for Donation? Y N

Work Day: M T W Th F Bringing an Infant? Y N

EPOD Day: M T W Th F Allergies? Y N

If YES to allergies, list here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name & Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees Paid: check # \_\_\_\_\_\_\_\_ check #\_\_\_\_\_\_\_\_\_ check 1 # \_\_\_\_\_\_\_\_\_\_#2 \_\_\_\_\_\_\_\_\_\_

Registration: $75.00 / $55.00 Janitorial: $40.00 / $20.00 Commitment: 1 or 2 @ $80.00

Family Folder:

\_\_\_\_\_ Identification & Emergency Info \_\_\_\_\_ Wish List

(+ copies to Emergency & Field Trip folders) \_\_\_\_\_ Admission Agreement

\_\_\_\_\_ Child’s Pre-Admission Health History \_\_\_\_\_ Special Foods/Allergy

\_\_\_\_\_ Physician’s Report \_\_\_\_\_ Field Trip/Food Projects/Publicity

\_\_\_\_\_ Consent for Medical Treatment \_\_\_\_\_ Infant Information

\_\_\_\_\_ Parents’ Health / TB Test Results: \_\_\_\_\_ Sibling Policy

\_\_\_\_\_ Email Waiver

\_\_\_\_\_ Guidelines for Snack

* Enter email into Yahoo Group \_\_\_\_\_ Personal Rights \_\_\_\_\_ Parent’s Rights

Communication Folder: \_\_\_\_\_ Driver license copies (+ Field Trip Coord)

\_\_\_\_\_ Child Pick-Up Authorization \_\_\_\_\_ Car insurance copies (+ Field Trip Coord)

\_\_\_\_\_ Emergency Release Info

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pacifica Co-op Nursery School

Child Pick-Up Authorization

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent), authorize the following people to drive my child to school, to sign him or her in and out, and/or to pick my child up at the end of the session from the Co-op Nursery School:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my child becomes ill and I cannot be reached, the following people will be able to take my child to their home and care for my child:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name & Address of Representative) (Relationship) (Phone number)

The Director, Catherine Miller and/or the Assistant Director Valarie Lund shall have my permission to update the school’s daily sign-in/sign-out log as needed to comply with State regulations in the event that I (or my authorized representative) fail to sign.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

**CHOOSING FOR SUCCESS**

Like swimming, becoming a nursery school participant takes skill and learning before one can maneuver within the program. You wouldn’t put your child in deep water without knowing if he or she could swim. Similarly, you wouldn’t enroll your child in an advanced class until the child showed some readiness.

In order to maximize your child’s positive growth, you should carefully consider the number of days your child participates in our program. To reap the benefits of a program of our scope, your child must first be socially ready and temperamentally disposed to some periods of self-regulation and separation from you, regardless of chronological age.

Our co-op requires that the child interact with 34 children and about 34 adults each and every week. The size of each daily session challenges the social skills and even the most experienced adult, let alone a child. Helping children to grow socially and emotionally in the pre-school years requires a great deal of skill, cooperation, consideration and patience from the staff and parents. Only two adults per session are professionally trained to make the most of the children’s experiences. When Parents choose the right number of days to attend school, their children can grow more competent without the negative effects of expecting them to behave at intensity beyond their development or temperament.

Please use the following guidelines to determine your child’s preparedness for nursery school.

**Your child is NOT READY if:**

Unable to separate from you and shows considerable sadness or distress

Unable to stay within the school boundaries

Destructive towards property

Frequently disruptive

Belligerent or aggressive toward children and staff

Not toilet-trained or off the bottle or pacifier during school hours

**BEGINNING READINESS**—Select one or two days per week if one or all of the following applies to your child:

Has occasional bouts of separation problems

Has some periodic difficulty conforming to the routines of the day; may need assistance, but will come in for circle time and snack.

Finds it difficult to sit for 15 minutes at circle time, but can manage with periodic reminders.

Needs frequent intervention to stay on task.

**INTERMEDIATE READINESS**—Select three days per week when your child exhibits the following:

Can separate from you most of the time

Can stay in circle time with a little bit of assistance

Is able to honor requests to stay out of areas designated as closed

Needs only occasional redirection (once or twice a week)

**ADVANCED READINESS**—Select four or five days a week when your child exhibits the following:

Rarely has a problem with separation

Responds cooperatively to requests made by adults and can maintain control at circle times

Is able to honor the boundaries and limits of the school

Rarely needs someone to redirect his or her behavior

It is sometimes difficult for a parent and even a staff person to know at first how many days would be appropriate for your child to attend. If necessary, the staff will evaluate and may make recommendations to adjust your child’s daily attendance after roughly 30 days (within the first week during the summer program). We would appreciate your cooperation and understanding, as well as your input as we work together to make a positive environment for all.

PLEASE FILL OUT BOTH FORMS:

|  |  |
| --- | --- |
| **EMERGENCY RELEASE INFORMATION** | **(To be filled out by school personnel**  **if child is released)**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Released to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Pupil\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Medication Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergic to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **IN CASE OF EMERGENCY, MY CHILD MAY BE RELEASED TO:**  **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **EMERGENCY RELEASE INFORMATION** | **(To be filled out by school personnel**  **if child is released)**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Released to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Pupil\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Medication Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergic to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **IN CASE OF EMERGENCY, MY CHILD MAY BE RELEASED TO:**  **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**PACIFICA CO-OP NURSERY SCHOOL EMAIL GROUP WAIVER**

**(Must be signed and dated)**

**FAMILY LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRIMARY EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will be automatically added to the Co-op Yahoo email group after enrollment.**

**To send messages to all Co-op members & staff, simply send an email to** [**pacificacoop@yahoogroups.com**](mailto:pacificacoop@yahoogroups.com) **or**

**you may post directly on the Yahoo group website:** [**http://groups.yahoo.com/group/pacificacoop/**](http://groups.yahoo.com/group/pacificacoop/).

In consideration of participating in the Pacifica Co-op Nursery School’s email group, I acknowledge, agree and

**I FULLY UNDERSTAND THAT:**

Communication is very important and using group email allows us more fluidity to do so. However, in using the email group, there are rules we to need to abide by legally and also just basic rules from the school.

The sole purpose is to communicate school business information such as school activities, schedule changes, work swaps, child care pick up, and so forth. The email group is never to be used as a forum to express issues/concerns about the school, advertisement about other schools’ events, nor should it be used to express political opinions, etc. Please see below for a general guideline.

In addition, if you ever have any concerns or issues, you are encouraged to bring them directly to the school board or the Director, as your opinion is valued.

|  |  |
| --- | --- |
| ***OK:***  Schedule changes  Child care picks up and drop off  Work day swaps  Up coming PCNS events  Curriculum changes  Field trips  Tuition reminders  Notices from PCNS board, teachers, and Director  PCNS fundraisers | ***NOT OK:***  no politics  no spam  no attacks on the school, teachers, members, procedures, and events.  no open forum opinions |

Your cooperation is greatly appreciated,

Director Catherine Miller & PCNS Board

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND ACCEPT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

**Pacifica Co-op Nursery School**

**Parent Skills List**

Each family’s cultural, artistic, musical, and other unique contributions to our program make Pacifica Co-op Nursery School a special place to learn. Please use this form to document your skills.

|  |  |
| --- | --- |
|  | |
| **A few skills listed, feel free to add more…** | ***Please elaborate…*** |
| *Fire Safety Training* |  |
| *Fundraising Machine* |  |
| *Green Thumb Gardner* |  |
| *Licensed Electrician* |  |
| *Licensed Plumber* |  |
| *Marketing / PR* |  |
| *Performing Arts* |  |
| *Seamstress* |  |
| *Website Guru* |  |
| *Word Processing, Spreadsheets(Excel Word)* |  |
| *Event Planner* |  |
| *Insurance/Lawyer/Know-It-All* |  |
|  |  |
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|  |  |

**We need your help! Help us raise $$! Sign up with eScrip –**

Local eScrip merchants (Safeway, Macys, OfficeMax, Big5, Baja Fresh, Eddie Bauer, Andronico’s, Pepboys Auto, etc….) will contribute up to 8% of the purchases you make.

eScrip is unique – there is NO cost to you! Sign up online. It’s quick and easy!

1. Go to [www.escrip.com](http://www.escrip.com)
2. Click on “sign-up”
3. Follow the instructions

**Group Name: Pacifica Co-op Nursery School**

**Group ID: 139258559**

**Pacifica Co-op Nursery School**

## 548 Carmel Avenue

**(650) 355-4465**

**Parent’s Physical Report**

The Pacifica Co-op Nursery School requires a parent, either mother or partner, o participate as a parent-aide in the nursery school one session a week for three (3) hours. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I know of no limitations of a medical nature, either physical or emotional, that would interfere with my participation as a parent-aide. I believe I am in a condition able to accept those responsibilities of a parent-aid at the school as explained in the school handbook. I know that I can receive a copy of the handbook at the school or view it on-line at the school website.

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**State Health Department Regulations** require a current negative chest x-ray or TB skin test for all adults working in contact with preschool children. Please have the following completed and signed before you come on your first work day, or bring a separate document with proof of a current negative chest x-ray or a negative TB skin test.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of TB test given \_\_\_\_\_\_\_\_\_\_\_\_

Date of negative TB result read ( or negative chest x-ray) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infant Information Sheet** Family Name \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ I will not be bringing an infant on my workday.

\_\_\_\_\_\_\_ I will be bringing an infant (9 months or younger) with me on my workday at the Co-op.

My infant will be nine months old on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Food Preparation Projects Authorization**

I give my permission for my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in food preparation projects at Pacifica Co-op Nursery School.

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Pacifica Co-op Nursery School**

## 548 Carmel Avenue

**(650) 355-4465**

**Sibling Policy**

Due to problems with safety, licensing and insurance requirements, the Pacifica Nursery School has the following sibling policy:

A sibling may come on a parent’s workday at school if the child is nine (9) months of age or younger. We will schedule workdays in such a way that only one sibling is present per session per day.

EPODS are strongly encouraged not to bring a sibling unless necessary.

Siblings attending on a workday may not be with the parent in the school kitchen during preparation of the snack. Siblings must be kept safely in a front or back pack )not stroller or car seat).

Siblings are permitted when school pictures are being taken and parents wish to include siblings, provided the parent is present.

Siblings are permitted on party days if the parent is present.

Siblings are permitted on field trips if the parent is present.

Visitors may bring their children.

I have read the sibling policy and agree to comply with it.

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Field Trip Authorization**

I give permission for my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to go on walks or trips away from school. I understand that parents will be advised in advance of the time, location and nature of any field trips.

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Photography and Publicity Release**

I understand that photos of my child(ren) participating in the Pacifica Nursery School’s activities may be taken for informational and publicity purposes. I authorize the release of such pictures and information.

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Guidelines on Providing and Administering “Special Foods” for children**

Special Foods is defined as

“A food deleted or added to the child’s snack for reason of allergy, religious belief, or family dietary belief. No substitutions or deletions will be made for simple food preference.”

If the parent feels that their child requires a special food diet or item not included in the daily food menu, simple substitution or deletion of a food item normally provided by the school, it is the parents responsibility to provide the necessary food and maintain its freshness as described below:

\*\*Provide food to be stored in the kitchen and/or refrigerator, which is clearly marked with the child’s name and the expiration date of freshness. The parent shall be responsible for checking and discarding outdated foods.

Furthermore, it is the responsibility of the parent to inform the child of his/her special dietary needs. No child shall be enrolled or retained in the school program without an understanding by the child of his/her special dietary requirements. If a parent does not wish to inform the child of the special dietary requirements, then this shall constitute in grounds for non-enrollment or termination.

The school shall require a note from the child’s physician describing the child’s specific allergy(ies) and an indication of its severity. The school shall take the following action to provide the child with the appropriate food(s):

\*The child’s name will be posted on the allergy list along with the food items in question and the appropriate action to be taken with respect to these foods.

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ My child requires special food(s)

\_\_\_\_\_\_\_\_\_ My child does NOT require special foods.

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**State Requirements to provide training in Food Preparation and Serving**

1) All items that have left the kitchen and ventured out to the children’s eating area must be rinsed and put in the dishwasher to sterilize. This includes plates, bowls, flatware, serving utensils, and water pitchers. All of these items need sterilizing because the children (& adults) may handle anything that is placed within reach, even if they aren’t “supposed to” be serving themselves. They also may sneeze, cough or whatever on items out in the snack area. Also please throw the sponges in the dishwasher for added germ control.

2) Check the amounts of food to be used per session and use this amount. Any leftovers are to be bagged and sent home. No food can be re-served at school.

3) After snack, fill out the amounts of leftover food, include any comments regarding the day’s menu and sign the menu form. You can write down a visual amount (ex: 1 ½ banana).

4) If you have any questions during snack time please refer to your oange or red task card necklace. This gives step by step instructions as to time references as well as set up, serving, and clean up procedures.

5) If you have any suggestions for a new snack or about the snacks served, put a note in my folder or write a note on the day’s menu.

Thank you --- Food Program Administrator

I have read and understood the above Guidelines for Snack Time Procedures.

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*