

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 2016-2017 school – year, we will host an Orientation date August 30th from 6-8pm at the New Baltimore Public Library. 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 May is due at Orientation.** If you haven't already paid September's tuition, that will also be 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. Please note that all payments (including tuition and or fundraising) can be made by check or Money Order to ABCN.
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.

Reminders:

1. Our first day of school will be September 12th, 2016
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. The registration forms can be printed from our website 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. Here is the list of supplies for the classroom that we are asking parents to bring.

PARENT/TOT: paper towel, small paper plates, and brown lunch bags

3. **YEAR AM:** paper towel, small paper plates, and 1 pkg copy paper

3 **YEAR PM:** paper towel, small paper plates, and cups

4 **YEAR AM:** paper towel, large paper plates, and napkins

4 **YEAR PM:** paper towel, large paper plates, and large washable markers

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”.

Yours in Co-Operation,

Katie Reslow (katiereslow@yahoo.com)

Membership

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 (katieslow@yahoo.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.

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MEMBER REQUIREMENTS

1. **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.
2. **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.
3. **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.
4. **FUNDRAISING** – Fundraising is strongly encouraged throughout the year. At Orientation, you will learn what the fundraiser is and we can answer any questions you have.

5. **CLASS SCHEDULES:**

Parent-Tot	3 yr. AM	3 yr PM
Tues. &/or Thurs.	Tues. & Thurs.	Tues. & Thurs.
9:00 – 10:00	10:15 – 12:15	12:45 – 2:45
\$20 monthly (1 day / week)	\$75 monthly	\$75 monthly \$40
monthly (2 day/week)		
4 yr AM	4yr PM/Young 5’s	
Mon., Wed., & Fri.	Mon., Wed., & Fri.	
9:15 – 11:45	12:15 – 2:45	
\$110 monthly	\$110 monthly	

5a. TUITION SCHEDULES

Program:	P/T1	P/T2	3yr	4yr
May	20	40	75	110
Oct.	20	40	75	110
Nov.	20	40	75	110
Dec.	20	40	75	110
Jan	20	40	75	110
Feb.	20	40	75	110
Mar.	20	40	75	110
April	20	40	75	110

< THIS IS DUE ORIENTATION NIGHT

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.

September’s tuition is due at the time of registration and May’s tuition is due at orientation. If you have not paid September’s tuition, please contact the school at 586-725-7978 to make arrangements to pay for September’s tuition. **May’s 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 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 do 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.

Child's

Date: _____ Name _____

PARENTS': _____ PHONE: _____

NAMES

_____ PHONE: _____

PARENTS' _____

SIGNATURES

PARENTS' _____

SIGNATURES

Anchor Bay Co-Op Preschool, Inc.
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(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

If you would like to order a t-shirt for your child please fill out below. We usually wear these t-shirts for field trips. If you would like to order t-shirts or sweatshirts please fill out below. We also have apparel for adults, if you would like to order adult size t-shirts or sweatshirts please fill out the info below.

Name:

Class:

Child size T-Shirt (x-small) _____ (qty) x \$8.00 ea = \$ _____

Adult size T-Shirt _____ (qty) x \$11.00 ea = \$ _____

- ___ small
- ___ medium
- ___ large
- ___ x-large

Tote Bag _____ (qty) x \$8.00 ea = \$ _____

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

Adult size Hoodie _____ (qty) x \$22.00 ea = \$ _____

- ___ small
- ___ medium
- ___ large
- ___ x-large

Total (pre-pay) \$ _____

Please make check payable to ABCN

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 on 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 of 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 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 (586-7257978)

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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 your local health department IMMEDIATELY for a waiver.

This form may be available at your doctor’s 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 adults 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. **MUST INCLUDE SOCIAL SECURITY NUMBER**

_____ **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**

_____ **LICENSING NOTEBOOK**

_____ **PARENT CONTRACT**

23 Attachment E: Parent Contract

I have received and read the 2012/2013 Handbook (located on the ABCN website under forms). I understand that as a Co-Op Parent I have to fulfill certain obligations and if they are not met, I will be subjected to a \$25.00 fine per occurrence.

Member's Name:

Member's Signature: _____ Date: _____

Please return to the Membership Chairperson before the 1st day of School.
Thank you!

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			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
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-08, 3-08, 10-07, & 1-06 may be used until 12/31/13.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()			
2.	()	()			
3.	()	()			
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

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
---------------------------------	-------------

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 7-12) Previous editions 9-08, 3-08, 10-07, & 1-06 may be used until 12/31/13.

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is liable for damages.

INSTRUCTIONS:

- All fields must be completed for processing.
- All Children's Protective Services (CPS) workers, law-enforcement employees, court officials, and employers or volunteer agencies MUST provide either a copy of an agency badge OR a fax cover-sheet which includes agency identification.
- For ALL employers, volunteer agencies, or individual central registry requests: an envelope and clear copy of the employee/volunteer picture identification MUST be attached.
- Out-of-state requests: Michigan Department of Human Services Children's Protective Services Program Office
P. O. Box 30037
235 S. Grand Avenue, Suite 510
Lansing, MI 48206
Phone: 517-335-3704
Fax: 517-341-7047
- In-state requests: Contact the local DHS office.

SECTION 1 NAMES CLEARED

NAME LAST, FIRST, MIDDLE	AKA (Also Known As) (Maiden Name)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	Employee/Volunteer Individual SIGNATURE REQUIRED FOR EACH PERSON BEING CLEARED

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box

<input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Individual <input type="checkbox"/> Law Enforcement/Dept of Corrections <input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available)	<input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Out-of-State Adoption and Foster Home Screening <input type="checkbox"/> Other _____
---	--

Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court	
Name	Title		
Address		City	State
			Zip Code
Phone	Fax	Email	Date

Employers/Volunteer Agencies - will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/Volunteer agencies will NOT receive notification if the name submitted has any central registry history (as per CPL 722.627). Individual requests - will ONLY be sent to the address on the picture identification provided.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

DHS-1029 (Rev. 5-13) Previous edition obsolete. MS Word

Instructions:

Please indicate below requestor's name and address where clearance response is to be returned. Please type to ensure delivery by the U.S. Postal Service.

Return Address
