

Anchor Bay Co-Op Preschool, Inc.
6572 Church Rd.
Fair Haven, MI 48023
(586) 725-7978

Dear Parents/Guardians,

Registration time is finally upon us! With the 2018-2019 school year fast approaching, we would like to take this opportunity to welcome all new ABCN families and say welcome back to those enrolled from prior years. We look forward to a wonderful year of teachers and parents/guardians working cooperatively to nurture and develop our children's' early learning experiences.

To begin our preparation for the 2018-2019 school year, we will host a **MANDATORY** Orientation before the school year begins. This will be held on **August 22nd, 2018**, at the MacDonald Public Library (36480 Main St. New Baltimore, MI 48047).

At this Orientation, we hope our presentation will give you a better understanding of how our Co-Op Preschool operates and help you become familiar with your role as a participating member. At Orientation, we will be covering the following:

1. Turning in of all **FULLY COMPLETED** registration paperwork. All paperwork can be found on the ABCN website (www.abcnpreschool.com) under the 'Forms' section. This will include:
 - a. 2018-2019 Registration Packet
 - b. Central Registry Form
 - i. Front/Back Copy of Driver's License
 - c. Child Information Record
 - d. Health Appraisal Form

**Please note that your child will not be able to attend class unless all necessary forms are filled out and turned in at Orientation.*
2. Turning in Classroom Supplies
 - a. **All classes:** Crayola Large Markers, Elmer's Glue Sticks, Baby Wipes, Copy Paper, Large Paper Plates
3. **Payment of last month's tuition (May)**
 - a. The remaining monthly tuition payments will be due on the 1st of every month. Late fees will be issued if the payment is not paid on time.
4. Explanation of duties and responsibilities as parents
5. Schedule of upcoming events and "working days"
6. Fundraising discussion and information

A lot of information will be given at Orientation, which at times can be a little confusing and overwhelming. If something is unclear, please be sure to ask. If questions arise after Orientation, you can contact me by phone, text or email. Please try your best to make arrangements for childcare during Orientation. The children will get their chance to meet their teacher and visit their new school (6572 Church Rd., Fair Haven, MI 48023) at "Meet the Teacher Day".

- ✓ **Parent/Tot and 3 Year Preschool** with Miss Melissa will be held on Tuesday, August 21st from 10:00 am- 11:00 am
- ✓ **4 Year Preschool** with Miss Shannon will be held on Wednesday, August 22nd from 10:00 am- 11:00 am

We look forward to meeting you and your family

ABCN Contact Information:

**Who to contact and when...*

Contact the School (586-725-7978) when:

- Your child will not be attending school for any reason (illness, vacation, etc...).
- Your child will not be able to attend a field trip.

Contact Membership Board Member (tarryn.sarcone@gmail.com or 586-741-1849) when:

- You have a change of address or phone number.
- There are any changes to your child's physical condition (allergies, medical conditions, etc.)
- Your child will no longer be attending school.
- Your child has an update of any immunizations.

Contact your Class Liaison (elected at orientation- see class list) when:

- You have any questions or concerns you are not comfortable discussing with teachers/board members.

Contact your Emergency Parent (elected at orientation- see class list) when:

- You cannot fulfill your regularly scheduled working duties due to illness or unforeseen situation that may arise.

**Please do not contact the teachers for any of the above reasons. Their primary objective is the children.

Thank you!

Membership Requirements

- **Work Days and Snacks (3YR/4YR/Young 5's)**- Two or three parents/guardians per class will work at the preschool on a rotating schedule. You will work approximately one or two days per month. On these days, you will be part of your child's school day. Parents will be expected to bring an assigned snack or beverage on their scheduled day. *Please be aware we are a nut free school.*
- **Field Trips**- There will be field trips planned almost every month throughout the school year for the children. Examples of past trips include: Wolcott Farm, Blake's Orchard, Pasta e Pasta, Kroger, bowling, etc. Field trip attendance is NOT mandatory. Due to insurance reasons, ABCN Preschool cannot provide transportation. A parent/guardian is asked to attend field trips with their child. Siblings are welcome to come on most trips, but the fees, if any, must be paid by the parent/guardian.
- **Extra Jobs**- At Orientation each parent/guardian- group will be assigned a rotating extra job in preschool. By having parents/guardians do these small jobs we are able to keep our costs down. Job descriptions can be found in the accompanying letter at orientation, as well as in the ABCN Member Handbook (located at abcnpreschool.com under "log in" tab) *****Please note: Absences will be assessed a \$25 fine unless prior replacement arrangements have been made.***
- **Ways and Means (fundraising)**- Fundraising is strongly encouraged throughout the year. At Orientation, you will learn more about our fundraising opportunities and responsibilities. We hope to answer any questions you may have, but feel free to contact the Ways & Means Board members if you have any other questions or concerns.

• **Class Schedules:**

<p><u>Parent/Tot</u> Tues & Thurs 9:00 am- 10:00 pm \$25 monthly (1 day/ week) \$50 monthly (2 day/week)</p>	<p><u>3 YR AM</u> Tues & Thurs 10:15 am- 12:15 am \$80.00 Monthly</p>	<p><u>3 YR PM</u> Tues & Thurs 12:45 pm- 2:45pm \$80.00 Monthly</p>
<p><u>4 YR AM</u> Mon, Wed, & Fri 9:15 am- 11:45 am \$115.00 Monthly</p>	<p><u>4 YR PM</u> Mon, Wed, & Fri 12:15 am- 2:45 pm \$115.00 Monthly</p>	<p><u>Young 5's</u> Mon, Wed, Fri 12:15 am-2:45 pm \$115 Monthly</p>

- **Tuition Schedule:** *September and May tuition is due at Orientation, if not paid at registration. Tuition payments are due on the 1st of every month. A \$25 late fee will be accessed if payment is not received on time. All Payments are to be paid by check or money order to ABCN and placed in the lock box located in the school foyer.*

	<i>P/T (1 day)</i>	<i>P/T (2 days)</i>	<i>3 YR</i>	<i>4 YR</i>
September *Due at Orientation	\$25	\$50	\$80	\$115
October	\$25	\$50	\$80	\$115
November	\$25	\$50	\$80	\$115
December	\$25	\$50	\$80	\$115
January	\$25	\$50	\$80	\$115
February	\$25	\$50	\$80	\$115
March	\$25	\$50	\$80	\$115
April	\$25	\$50	\$80	\$115
May *Due at Orientation	\$25	\$50	\$80	\$115

I Hearby and Agree to the following membership requirements:

- A non-refundable registration payment of \$40.00 for new members and \$30.00 for renewing members is due at the time of registration. Registration fees are used to pay for insurance and for membership in the Cooperative Nursery Schools, INC. 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.
May 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 their particular case. Tuition is to be paid to ABCN by check or money order only. Any check returned due to insufficient funds will be charged a bank fee.
- To work with my child's class as scheduled and to make arrangements for a replacement with emergency or 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 further and possible membership termination may result.
- To arrive on time on scheduled work days and leave only after all children have been picked up and the classroom is properly cleaned, unless otherwise approved by the teacher.
- To abide by all 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 Membership Chairperson of any communicable diseases.
- 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 in entirety the child information record (emergency card), central registry clearance request, and criminal check & child abuse/neglect waiver for each adult working in the classroom. This includes parents/guardians, grandparents, babysitters, other family members, etc.
- To read the Member Handbook (located on abcnpreschool.com under "log in" tab) and be familiar with the school's policies, classroom rules, and discipline policy.

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- 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 prior approval of the Board.
- To participate in all fundraisers by selling the minimum required dollar amount or opting to buy-out individual fundraising goal (further details provided at orientation)
- That while my child is attending the Preschool, I will do my part supplying a snack and/or drink as stated on the schedule.

****Please acknowledge receipt of Membership requirements on attached membership requirements form****

Membership Requirements Form

I have read and agree to abide by all of the above information and requirements as subject to the terms and conditions of the ABCN (Anchor Bay Co-Op Preschool, Inc.)

Child's Name (print): _____ Date: _____

Class Attending: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Membership Information Form

Child's Name: _____ Phone: _____

Child's Birthday: _____ Circle one: Male Female

Child's Class: _____

Child's Address: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Parent/Guardian Address (where information is to be sent & to whom):

Email Address: _____ Can Email be used for regular correspondence? Yes No

Referred by: _____ How I heard about ABCN: _____

Parent/Guardian 1 Occupation/Employer: _____ Phone: _____

Parent/Guardian 2 Occupation/Employer: _____ Phone: _____

Other Children in Home: (name/age) _____ name/age) _____

(name/age) _____ (name/age) _____ (name/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

Parent/Guardian Name: _____

Child's Name & Class: _____

I am available to work in the classroom on the following days (please circle all that apply):

Monday

Tuesday

Wednesday

Thursday

Friday

**If you are unable to work in the classroom on certain days of the month (i.e. you work on Tuesday's, baby-sitting duties, etc.) Please let us know.

Other Information:

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 ones that you requested in case your name was added to an open date. If you are not available to work, please contact the Scheduling Chairperson immediately.

ABCN Preschool - T-Shirt Order Form

ABCN Apparel is nice for field trips, fundraisers, etc... but it is not mandatory. *Please make check or money order payable to ABCN. Please note that child sizes run big.*

Parent Name/Email: _____

Child Name/Class: _____

Child Size T-Shirt:

___ x-small (3T) _____ (qyt.) x \$8.00

___ small (4-5T)

___ medium (6-7)

Adult Size T-Shirt (unisex):

___ Small _____ (qyt.) x \$10.00

___ Medium

___ Large

___ X-large

___ XX-large (add \$2.00)

Child Size Hoodie:

___ X-Small (3T) _____ (qyt.) x \$20.00

___ Small (4T-5T)

___ Medium (6-7)

Adult Size Hoodie (unisex):

___ Small _____ (qyt.) x \$22.00

___ Medium

___ Large

___ X-large

___ XX-large (add \$3.00)

Tote Bag: _____ (qyt.) x \$14.00

Total: \$ _____

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 abuse & neglect (see Member Handbook)
- I understand that caregivers are mandated by law to report abuse & neglect

I have been convicted of any offenses more serious than a minor traffic violation.

_____ Yes _____ No

I have been convicted of child abuse and/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 answered "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: _____

Parent/Guardian Signature: _____ Date: _____

ABCN Social Media & 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.

___ I **do not give** permission for my **child's image** to be posted on 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 on 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.

___ I **do not 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.

Child's name: _____

Child's Class (Check one): Parent Tot ___ 3 YR AM ___ 3 YR PM ___ 4 YR AM ___ 4 YR PM ___

Young 5's ___

I understand/agree that the use of this technology is open to other enrolled members as well. Anchor Bay Co-Op nursery cannot be held accountable for the actions of other members (i.e. shared photo of child posted on social media site, shared password to log-in page). I agree to hold harmless the staff and directors for any unauthorized access or misuse of the website.

Parent/Guardian name: _____

Parent/Guardian Signature: _____ Date: _____

Please note: We will keep this on file during the current school year at ABCN. If for any reason, you decide to deny permission after you have submitted this form, please call the school.

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Notification of Receiving Student Handbook/Parent Contract

I have received/reviewed the 2018/2019 Membership Handbook (located on the ABCN website: www.abcpreschool.com under “log-in” tab) I understand that as a Co-Op member I have to fulfill certain obligations and if they are not met, I will be subject to a \$25.00 fine per occurrence. *Any Question or Concerns please contact ANY board member.*

Child’s Name (print): _____

Class: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

ABCN Registration Checklist:

___ **Membership Requirements Form**

Needs to be signed and completed

___ **Membership information form**

Needs to be signed and completed

___ **Classroom Working Availability**

Fill out completely

___ **T-Shirt Order Form**

Please include separate check made to ABCN

___ **Criminal Check and Child Abuse/Neglect Waiver**

Must be filled out for each adult working in the classroom

___ **Social Media and Website Waiver**

Fill out completely

___ **Parent Contract**

Fill out completely

___ **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- please contact your local health department IMMEDIATELY for a waiver. THIS MUST BE COMPLETED PRIOR TO ORIENTATION TO ENSURE CHILD WILL NOT MISS THE FIRST DAY OF SCHOOL.

___ **Child Information Record (Printed separately from website)**

Needs to be filled out COMPLETELY. Blank lines must be filled with either "NONE", "N/A" or "SAME". Both Parent/Guardian names must be on card unless court documents are provided. All people you wish to have pick-up or drop-off your child MUST be listed. Your child will not be released to anyone if they are not listed on the card. Photo ID must be provided for release.

___ **Central Registry Clearance Request (printed Separately from ABCN website.)**

Needs to be completed and signed by any person who will work in the classroom. We will also need a copy of each adult's Driver's License. This is a law passed by the state with which we must comply. MUST INCLUDE SOCIAL SECURITY NUMBER

___ **Copy of Driver's License**

To be Sent in with the Central Registry Clearance