

NISKAYUNA COOPERATIVE NURSERY SCHOOL

852 Ashmore Avenue
Niskayuna, NY 12309
(518) 370-5705

www.niskayunaco-opnurseryschool.com

Dear Parents:

Date: _____

Welcome to the Niskayuna Cooperative Nursery School. Your child _____ is applying for enrollment in the 2-day (for those who turn 3 by Dec. 1, 2012) or 3-day (for those who turn 4 by Dec. 1, 2012). The class meets on Tues./Thurs. or Mon./Wed./Fri. from 9am to 11:30 am.

To reserve your child’s slot in the class, please complete the enclosed forms listed below and return to the registrar as soon as possible. Please keep the remaining pages for your records.

1. Registration Form (Page 3)
2. Parents’ Participation Form (Page 4&5)
3. Parents’ Contract (Page 6; Keep Page 7)
4. Educational Trip Permission Form (Page 8)
5. Volunteer Background Check Form (Page 9; **return by August 15th**)
6. Child Guard Form (Page 10)
7. Medical Exam and Certificate of Immunization Form (Page 11; **return by August 15th**)

A check in the amount to cover the total due for the following items should accompany the enrollment forms:

Registration fee (non-refundable) \$ 55.00

Tuition deposit of 1/9th of the yearly tuition
(to be used as the May tuition payment, refundable
only if another child is immediately available to
fill the vacancy.) \$ _____

Total Due \$ _____

Monthly tuition for 2012-2013:

2 days/week: \$ 95.00 or \$855 per year
3 days/week: \$ 110.00 or \$ 990 per year

Please make your check payable to: **Niskayuna Cooperative Nursery School** and mail it with the completed forms to the Registrar:

Marie Conti
c/o Niskayuna Cooperative Nursery School
852 Ashmore Avenue
Niskayuna, NY 12309

If you decide not to enroll your child after receiving these forms, please notify the Registrar immediately so that the position may be offered to another child.

Our first general parent meeting of the 2012-2013 school year will be held on

**Monday, May 14th
@ 6:30 PM**

in the nursery school classroom. This is an excellent time to begin your participation in the nursery school, receive information for the fall and meet other parents. We look forward to seeing you then!

NISKAYUNA COOPERATIVE NURSERY SCHOOL

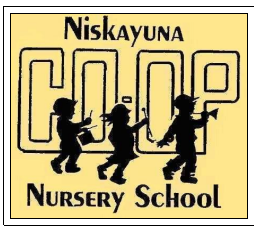
The Co-op Experience (Save)

Parents are the reason that our school has run so smoothly since October 1960. We parents at the Niskayuna Co-op Nursery School have many talents and skills, and we welcome your talents and skills to help operate “our” nursery school. We work together, cooperatively, to make our children’s first school experience a positive one.

Whether you manage a household or a business, you know that one person can’t do it all. You have to delegate some responsibilities to others. The Board of the Niskayuna Co-op Nursery School oversees the operation of the school and relies on you to do your part and help. Here’s how you are part of the Co-op experience:

1. Each family is expected to pay their child’s tuition by the first of each month. Tuition is used to pay classroom rent, teacher’s salary, insurance and other operating costs. We count on your financial contributions to pay our bills.
2. Both parents of an enrolled child are expected to either serve on the Board or a Committee. Board meetings are held monthly in the evenings. Committee work is flexible and parents’ schedules can be accommodated. Some committee duties are on an as-needed basis (e.g. the Playground Committee is responsible for maintaining the playground and for repairing broken equipment or toys while other committees perform duties regularly (e.g. the Publicity Committee hangs fliers and distributes literature at Open Houses and fundraising events). Some committees are active for specific events like the Garage Sale in the fall, the Family Dinner in late winter, or the Silent Auction in the Spring. Please carefully consider your talents or experience and pick the Board or Committee work that suits your interests and schedules. Our Vice-Chair can help you decide how best to use your skills.
3. Tuition covers only part of our school’s expenses. We rely on various fund-raisers to help meet our expenses. Each fall we hold a major fund-raiser, the Garage Sale. Families are expected to work 2 two-hour shifts at the Garage Sale and contribute items to sell (including baked goods for the Bake Sale. Under the direction of the Garage Sale Co-Chairs, the Garage Sale committee makes this event profitable and enjoyable. Every Spring, we host a Silent Auction fundraising event. Families are expected to attend the Auction and encouraged to sell tickets to family and friends. Silent Auction committee members will also solicit donations from the public. The Silent Auction Co-Chairs plan and manage this special night out while helping to raise money for our school.
4. One adult family member is expected to be a Helping Parent in their child’s class (no siblings allowed). The actual number of times you will be asked to be a Helping Parent depends on your class enrollment and the number of Helping Parents the teacher needs for your class. Usually, one family member is a Helping Parent every 4 – 6 weeks. As a Helping Parent, you also supply the classroom snack. Your participation saves us the cost of a classroom aide and affords you the chance to be a part of your child’s school experience.
5. One adult family member is expected to participate in one of the Clean-up Days. Clean-ups are usually held from 6-9 PM, except for the final Clean-up which is from 9 AM – Noon. These Clean-up Days keep our classroom safe and our toys sanitary. Your participation saves the school the cost of janitorial services.
6. At least one adult family member is expected to attend two parent meetings: the General Parent meeting in May preceding your child’s start of school, and the Parent Orientation meeting in September prior to the start of school. Your participation is necessary for effective school/home communication.

Please contact our registrar with any questions you may have about our Co-op experience. The more you know about our school, the more you can help your child’s first school experience be an exciting one.



**NISKAYUNA COOPERATIVE NURSERY SCHOOL
Registration Form (Return)**

Class Year _____

Class (Please Circle One): 3 yr . or 4 yr.

Child's Full Name _____ Nickname _____

Gender (Please Circle) Male Female Child's Birth date _____

Parent/Guardian _____ Occupation _____

Parent/Guardian _____ Occupation _____

Home Telephone _____ Mobile Phone _____

____ Parent/Guardian E-mail Address _____

____ Parent/Guardian E-mail Address _____

Please check which E-mail Address you prefer on the class roster.

Home Address _____

Names and ages of other children in the family _____

Language(s) spoken at home _____

Who will be responsible for child's transportation or carpool? _____

Child Care Provider's name and telephone (if parent works) _____

Child's allergies (food or other) _____

Child's habits, disturbing experiences or medical restrictions of which the teacher should be aware of

Is your child potty trained? _____

(Ideally, toilet habits are expected to be established prior to the beginning of school.)

Has your child had previous nursery school experience? _____

If so, where? _____ When _____

Reason for leaving? _____

How did you first learn of the Niskayuna Cooperative Nursery School? _____

What do you want your child to gain from a nursery school experience? _____

Does either parent have any talents, abilities or special interests you could share to enrich our children's program?

Who should be notified in case of injury or sudden illness?

1) Parent _____ Phone: home _____ work _____ cell _____

2) Parent _____ Phone: home _____ work _____ cell _____

3) Name _____ relationship _____ phone _____ cell _____

4) Name _____ relationship _____ phone _____ cell _____

5) Doctor _____ phone _____

NISKAYUNA COOPERATIVE NURSERY SCHOOL

Parent Participation Form (Return)

In the cooperative spirit of this nursery school, parents are required to serve on the executive board or on committees. To assist in making placements that match your interests, schedule and skills, please indicate your 1st, 2nd, and 3rd choice on the next page. (Use the name of the position, not the number beside it. Thank you.)

EXECUTIVE BOARD: In addition to the specific duties listed below, each member attends monthly board meetings (held evenings) and is expected to participate in at least one open house throughout the year.

1. Co-Chairperson – (Two people serve) Oversees the general operation of the school. Leads parent meetings in spring and fall and the executive board meetings. Maintains the handbook, school calendar, lease and teacher’s contract. Acts as a liaison to the building administration personnel.
2. Vice Chairperson – Oversees committees and coordinates placement of parents into committee assignments. Periodically checks in with committee chairs to ensure duties are completed.
3. Secretary – Issues executive board meeting minutes and handles correspondence for the school; Maintains and updates records of alumni families and distributes alumni mailings in support of the Garage Sale and Silent Auction as needed.
4. Treasurer – Handles all fiscal matters for the school including collecting revenues, paying bills, handling payroll, maintaining the books, developing school budget, and filing taxes.
5. Garage Sale Chairperson – Coordinates the fall Garage Sale fundraiser which entails communicating with parents and alumni for donations, generating the staffing schedule, arranging for storage and transportation of donations and leading the Garage Sale Committee.
6. Registrar – Handles enrollment for the school including participating in all open houses, maintaining records for potential students, acting as primary contact for interested families and coordinating any enrollment changes throughout the year.
7. Publicity Chairperson – Generates all press releases and advertisements for the school, creates flyers and signs for the garage sale and open houses and leads the Publicity committee. The chairperson will also appoint a webmaster within the committee, and oversee the website and other virtual sites.
8. Class Chairperson (one for each class) – Schedules parent helping days, coordinates class activities, organizes class gifts, acts as a class liaison to the board and may act as a liaison between parents and teacher.
9. Silent Auction Chairperson - Coordinates the Spring Silent Auction which entails working with your committee to secure a venue for the event, gathering donations from parents, alumni, and the public, publishing a list of donations, organizing the donations, and executing the auction the day of the event.

COMMITTEES: Committees noted with an asterisk (*) have multiple members and require someone to act as chairperson to coordinate the groups’ efforts. Other committee assignments listed are individual contributors. (Garage Sale and Publicity Committees have multiple members but are lead by board members and need no chair.)

1. Playground/Equipment- Maintains playground equipment and classroom furniture and toys as needed.
2. Hospitality* - Makes refreshments for one parent meeting or open house and helps coordinate the Family Dinner held in February.
3. Housekeeping* - Leads one or two clean-up days with participating families and launders towels and dress-up clothes, etc. weekly for 6 weeks in the school year.
4. Newsletter -Assists the Publicity Chairperson to publish and distribute the five newsletters using input from the executive board.
5. Publicity* - Assists Publicity Chairperson in the distribution and posting of flyers to advertise school events to the community throughout the year. Maintains and updates the website.
6. Arts, Crafts & Sewing – Maintains parents’ bulletin board with seasonal decorations (four times a year), mends costumes, doll clothes, smocks, etc., as needed.
7. T-shirts and Original Works – Distributes sportswear order forms at September Parent Meeting, collects and places orders and distributes purchased items in the early fall. Distributes order forms, collects and places orders and distributes purchased items for Original Works fundraiser in the spring involving gifts made from the children’s artwork.

8. Silent Auction* - Helps organize this Springtime fundraiser which includes selecting a banquet-type location to hold the event, contacting local merchants and families for prize donations, organizing auction display and procedures, and sending thank you notes to donors. Must be available for the event held on the last Saturday of April.
9. Hannaford Fundraiser and Class Photos– Coordinates Hannaford “School Dollars” fundraiser in the fall. Schedules and coordinates class photos with professional photographer and manages associated orders in the spring.
10. Scholastic Books – Distributes catalogs/order forms, collects and places orders and distributes purchased items for this monthly book program.
11. Garage Sale – Assists the Garage Sale Co-Chairpersons in planning and managing the annual Garage Sale fundraiser in November. Committee members help with sorting and organizing items collected throughout the fall on designated drop-off nights.
12. Grant Writer- Seeks out and applies for grants as they become available at various institutions (both public and private) and follows through with any requests the institutions may have.

Date _____ Class Year _____

Alumni Family Yes ___ No ___ Class (Please Circle): 3yr AM 4yr AM

Child’s Full Name _____ Child’s Birth Date _____

Parent/Guardian _____ Occupation _____

Parent/Guardian _____ Occupation _____

Home Telephone _____ Other Telephone _____

Parent’s E-mail Address _____

Parent’s E-mail Address _____

Home Address _____

Names and ages of other children _____

Please indicate your Executive Board/Committee Preferences Below:

Parent/Guardian’s Preferences: 1st _____ 2nd _____ 3rd _____

Parent/Guardian’s Preferences: 1st _____ 2nd _____ 3rd _____

Are you willing to chair (*) the committee if applicable? (yes/no)

Other information: _____

Would you be willing to be a substitute for our teacher if the need arose? _____

NISKAYUNA COOPERATIVE NURSERY SCHOOL
Parent Contract (RETURN)

We wish to enroll our child, _____, in the Niskayuna Cooperative Nursery School. We understand that this is a cooperative school administered by parent members and staffed by a professional teacher, who is solely responsible for the children's program, supported by a helping parent(s). We understand that the three-year old class meets two (2) days per week for 2 ½ hours each day and that the four year-old class meets three (3) days per week for 2 ½ hours each day. The Nursery School calendar of legal and religious holidays is posted in the Parents' handbook.

- 1) We accept responsibility for the following duties:
 - a.) Pay tuition by the 1st of each month
 - b.) Pay one time supply fee of \$25 by September 1st
 - c.) Participate on scheduled days as helping parent(s) (siblings not allowed)
 - d.) Provide a nutritional snack and beverage for the children on your helping days
 - e.) Participate in fund raising activities (each parent) (e.g. Garage Sale) * *See the Co-op Experience on pg. 2**
 - f.) Serve on the assigned committees (each parent) or on the executive board
 - g.) Participate in clean up of classroom on your assigned date (approximately 3 hours)
 - h.) Provide the completed forms necessary to document medical history, immunization record, and emergency information for your child by the start of the school year.

- 2.) We will attend the parents' meetings and agree to abide by all resulting decisions.

- 3.) We understand that our child can be excluded from school for:
 - a.) An inability to adjust to the school environment as judged by the teacher
 - b.) An illness harmful to your child and the other children as judged by the teacher
 - c.) Failure to meet all financial and cooperative obligations

- 4.) We understand the Niskayuna Cooperative Nursery School does not provide transportation and that when possible we will supervise and provide transportation for field trips, which are part of the school's program.

- 5.) We will read the Parents' Handbook when received and agree to abide by the additional obligations stated there.

- 6.) We agree to pay the non-refundable registration fee of \$55.00.

- 7.) We agree to pay a supply fee of \$25.00 in September of 2012.

- 8.) We agree to pay \$95.00 OR \$110.00, 1/9th of the yearly tuition of \$855.00 or \$990.00 for the 2012-2013 school year, to serve as the **May 2013** tuition payment. (Refundable only if another child is immediately available to fill the vacancy.)

Date: _____

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

**NISKAYUNA COOPERATIVE NURSERY SCHOOL
Parent Contract (SAVE)**

We wish to enroll our child, _____, in the Niskayuna Cooperative Nursery School. We understand that this is a cooperative school administered by parent members and staffed by a professional teacher, who is solely responsible for the children's program, supported by a helping parent(s). We understand that the three-year old class meets two (2) days per week for 2 ½ hours each day and that the four year-old class meets three (3) days per week for 2 ½ hours each day. The Nursery School calendar of legal and religious holidays is posted in the Parents' handbook.

- 2) We accept responsibility for the following duties:
 - a.) Pay tuition by the 1st of each month
 - b.) Pay one time supply fee of \$25 by September 1st
 - c.) Participate on scheduled days as helping parent(s) (siblings not allowed)
 - d.) Provide a nutritional snack and beverage for the children on your helping days
 - e.) Participate in fund raising activities (each parent) (e.g. Garage Sale) * *See the Co-op Experience on pg. 2**
 - f.) Serve on the assigned committees (each parent) or on the executive board
 - g.) Participate in clean up of classroom on your assigned date (approximately 3 hours)
 - h.) Provide the completed forms necessary to document medical history, immunization record, and emergency information for your child by the start of the school year.

- 5.) We will attend the parents' meetings and agree to abide by all resulting decisions.

- 6.) We understand that our child can be excluded from school for:
 - a.) An inability to adjust to the school environment as judged by the teacher
 - b.) An illness harmful to your child and the other children as judged by the teacher
 - c.) Failure to meet all financial and cooperative obligations

- 7.) We understand the Niskayuna Cooperative Nursery School does not provide transportation and that when possible we will supervise and provide transportation for field trips, which are part of the school's program.

- 5.) We will read the Parents' Handbook when received and agree to abide by the additional obligations stated there.

- 6.) We agree to pay the non-refundable registration fee of \$55.00.

- 7.) We agree to pay a supply fee of \$25.00 in September of 2012.

- 8.) We agree to pay \$95.00 OR \$110.00, 1/9th of the yearly tuition of \$855.00 or \$990.00 for the 2012-2013 school year, to serve as the May 2013 tuition payment. (Refundable only if another child is immediately available to fill the vacancy.)

Date: _____

Signature of Parent/Guardian: _____

Signature of Parent/Guardian: _____

NISKAYUNA COOPERATIVE NURSERY SCHOOL
Education Trip Permission Form (Return)

(Child's Name) _____ has my permission to go on educational trips taken by the Niskayuna Cooperative Nursery School during the **2012-2013** school year. I understand that I will be notified in advance of any planned trip and that every reasonable effort will be made to assure a safe trip. I also understand that students will be transported by privately-owned automobiles driven by parents of children enrolled in this school, and that the students will be in child restraints and/or buckled into seat belts in accordance with New York State law.

Signature of Parent or Guardian

Date Signed

OFFICE USE ONLY.

€ Cleared

€ See File

Date _____

By _____

Date in CM _____

By _____

Background Check Authorization

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City/State _____ Zip _____

Phone Number _____

Former Names: Maiden, etc. if applicable _____

Date of Birth ____ (MM) - ____ (DD) - ____ (Year) Social Security # _____ - _____ - _____

Other States of Residence within last seven years: _____

Have you ever been convicted of a crime (other than traffic violations)?

Yes No If yes, please state offense, date, and location: _____

(A conviction record will not necessarily be cause for disqualification.)

I understand that Niskayuna Cooperative Nursery School, Inc. ("Co-Op") will conduct a background check of me in connection with my application for volunteer services. The Co-Op uses IntelliCorp, through its agents, assigns or any authorized third parties ("investigators") to perform the background check. The background check may include an inquiry into my employment history, education, general character or reputation, work experience, volunteer experience, driving and/or criminal history. I understand that if the Co-Op decides that I may not provide volunteer services based upon the background check information, I will be provided a copy of the information.

I understand that a background check is only performed to evaluate me for volunteer assignments and for no other purpose.

I have read this Volunteer Disclosure Authorization and Release and hereby authorize the Co-Op using IntelliCorp to conduct a background check as described above. I hereby release the Co-Op, IntelliCorp, and its investigators, from any and all liability related to the procurement or disclosure of the information provided by me or obtained about me. I further authorize IntelliCorp and its investigators who conduct the background check and any third parties who may be custodians of, or in possession of, requested information to disclose such information to the investigators.

My social security number will not be used for any other purpose than to conduct the background search accurately and it will not be sold or transferred to any third party.

(Signature)

(Date)

Niskayuna Cooperative Nursery School • 852 Ashmore Avenue • Schenectady, NY 12309
NISKAYUNA COOPERATIVE NURSERY SCHOOL
Child Guard Form (Return)

Hospital of Choice _____

Patient's Birth date _____

As parent or legal guardian of _____, a minor, I hereby give my consent to (named hospital) to provide any treatment and to conduct any tests which are required to render necessary medical care to the above named minor in my absence.

Our Pediatrician or Family Doctor is _____
Telephone _____

Our Orthopedist is _____
Telephone _____

Our Surgeon is _____
Telephone _____

Our Dentist is _____
Telephone _____

In the event of an emergency in which any of the above named personal physicians are not available, I give my consent to provide treatment or tests by any appropriate (named hospital) medical staff member on duty.

Allergies: _____

Other pertinent medical data: _____

Type of hospital insurance coverage: _____

Insurance identification # _____ Group# _____

Last tetanus shot: _____

Parent / Legal Guardian Name and Address

Parent / Legal Guardian Phone #

Parent / Legal Guardian Signature

NISKAYUNA COOPERATIVE NURSERY SCHOOL
Medical Exam and Certification of Immunization Form (Return)

Dear Parent:

All entrants to nursery school must have a record of physical examination conducted within 12 months prior to the first day of school. This form must be completed by your physician and returned to the Registrar by August 15th.

Name of Pupil _____ Sex _____ Birth Date _____
 School _____ Height _____ Weight _____ LBS
 Eyes: R _____ L _____ With Glasses: R _____ L _____
 Ears Hearing Loss _____ Other Defect _____
 Nutrition _____ Teeth (Temporary) _____
 Gums _____ (Permanent) _____
 Tonsils _____ Nose _____
 Glands _____ Thyroid _____ Other _____
 (specify)
 Asthma _____ Allergies _____
 Heart _____ Blood Pressure _____ Lungs _____ Chest X-Ray _____
 Orthopedic Structural _____ Scoliosis _____ Feet _____
 Skin _____ Hernia _____ Genito-Urinary _____
 Speech _____ Epilepsy _____ Nervous System _____

New York State Law requires the following immunizations. Please give dates.

Polio: I _____ II _____ III _____ **Boosters** _____

Triple Vaccine: I _____ II _____ III _____ **Boosters** _____
 (Diphtheria, Tetanus, Whooping Cough, DPT)

Measles _____ **Rubella** _____ **Mumps** _____

Hep B I _____ II _____ III _____
 (Required if born on or after 1/1/93 – recommended for all children)

HIB _____
 (If given at 15 months or older)

Varicella (Chickenpox) _____

Lead Test: Results _____ Date _____

Recommended: Tuberculin Tests: Results _____ Date _____

Are there any significant medical conditions? (specify)

Any restrictions in child's participation in nursery school activities? (specify)

Signature _____ Date of Exam _____