



NISKAYUNA COOPERATIVE NURSERY SCHOOL

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

www.niskayunaco-opnurseryschool.com

Dear Parents:

Welcome to the Niskayuna Cooperative Nursery School. Your child is applying for enrollment of the 2-day (for those who turn 3 by Dec. 1, 2022) or 3-day (for those who turn 4 by Dec. 1, 2022). 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 forms listed below and return to the registrar as soon as possible. Please keep all remaining pages for your records.

1. Registration Form (Page 3-4)
2. Parents' Participation Form (Page 5)
3. Parents' Contract (Page 6-7)
4. Educational Trip Permission Form (Page 8)
5. Volunteer Background Check Form (Page 9- 10. **Please submit a form for ANY adult who may be volunteering in the classroom.**)
6. Child Guard Form (Page 11)
7. Medical Exam and Certificate of Immunization Form (Page 12; **return by August 1st**)
8. Photo Release form (Page 13)
9. Proof of vaccination against COVID-19 (see Page 14 for requirements, return by August 1st. **Please submit a form for ANY adult who may be volunteering in the classroom.**)

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

Registration fee per child (non-refundable)	\$ <u>75.00</u>
Tuition deposit of 1/10 th of the yearly tuition (non-refundable)	\$ _____
Total Due	\$ _____

Monthly tuition for 2022-2023:

2 days/week: \$ 135.00 or \$1,350 per year
3 days/week: \$ 165.00 or \$1,650 per year
Supply fee: \$60 (due by September 1)

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

Registrar: Patti Austin
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 2022-2023 school year will be held on **June 6, 2022 at 7pm** in the Co-op Classroom. Our second general parent meeting will be held in **September TBD at 7pm** 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 experience. 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. Tuition is due by the 1st 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 publicizes Open Houses and fundraising events). Some committees are active for specific events like the Brooks BBQ in the fall, the Family Dinner in late winter, or the Silent Auction in the Spring. Please select the Board or Committee work that suits your interests and schedules.
3. Tuition covers only part of our school’s expenses. We rely on various fund-raisers to help meet our schools expenses, including:
 1. Each fall we hold one or two major fundraisers, such as Brook BBQ and/or a Garage Sale
 - a. All families may need to work a shift at Brooks BBQ or the Garage Sale.
 2. Silent Auction (Spring). The Silent Auction committee plans this night out while raising money for our school.
 - a. All families must solicit at least four donations. (Committee members solicit additional donations)
 - b. Families are expected to attend (or participate, if virtual) the Silent Auction.
 3. T-shirt fundraiser.
 4. Silver graphics.
 5. School pictures.
4. A background checked 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. As a Helping Parent, you also supply the classroom snack. Your participation saves us the cost of a classroom aide and allows you the chance to be a part of your child’s school experience.
5. One adult family member will participate in an assigned Clean-up Day. 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 the two parent meetings: the General Parent meeting in May, and the Parent Orientation meeting in September prior to the start of school. Your participation allows 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.

In accordance with New York State Public Health Law 2146, a Certificate of Immunization, signed by a physician, listing exact dates, must be on file on the first day of school. Students will not be admitted to school if current immunization requirements are not met. Certain exceptions to these requirements are allowed by state law and will be honored by the school if the specific standards required for exception are met. Only medical exemptions and delayed vaccination schedules will be considered. Both will require written proof from a doctor, in addition to a supporting letter from the family (if desired), and will be considered on a case-by-case basis by the current board.



NISKAYUNA COOPERATIVE NURSERY SCHOOL
Registration Form (Return)

2022-2023 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 _____ Cell Phone _____

Parent/Guardian _____ Cell Phone _____

Home Telephone _____

Parent/Guardian E-mail Address _____

Parent/Guardian E-mail Address _____

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 applicable) _____

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 but this is not required.)

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

Position Descriptions

In the cooperative spirit of this nursery school, each parent is required to serve on the executive board or on a committee. To assist in making placements that match your interests, schedule and skills, please indicate your 1st, 2nd, and 3rd choice on the next page. Choices are not guaranteed. (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 fundraisers as needed.
4. Treasurer – Handles all fiscal matters for the school including collecting revenues, paying bills, handling payroll
5. Fall Fundraising Chairperson – (1-2 people depending on the number of fundraisers) Coordinates the fall Garage Sale, 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 –Creates all press releases and advertisements for the school, fundraisers and open houses and leads the Publicity committee. The chairperson will also oversee the website, the Co-op’s Facebook page 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. Spring Fundraiser Chairperson-Coordinates the Spring fundraiser (the Silent Auction) and/or Brooks BBQ fundraiser. Chairing the Silent auction entails organizing the silent auction committee to gather donations from parents, alumni, and the public, publishing a list of donations, organizing the donations, and executing the auction the day of the event. Two people can share this position. The BBQ entails communicating with parents and alumni for ticket sales, generating the staffing schedule, and organizing the sale.
10. Passive Fundraiser Chair – Oversees all fundraising activities for the school excluding the Fall and Spring fundraisers. Reports to the Board as needed. Organizes any new fundraising efforts as needed.

COMMITTEES: Committees noted with an asterisk (*) have multiple members and require someone to act as chairperson to coordinate the groups' efforts. The Chairperson is not part of the executive Board. Other committee assignments listed are individual contributors. (Fall Fundraiser, Spring Fundraiser and Publicity Committees have multiple members but are led by board members.)

1. Playground/Equipment* -Maintains playground, playground equipment and classroom furniture and toys as needed. Chairperson will need to arrange playground clean-up prior to the start of the school year and when the leaves have fallen.
2. Hospitality* - Makes refreshments for one parent meeting or open house and helps coordinate the Family Dinner.
3. Housekeeping* - Leads one or two clean-up days with participating families and launders towels, dress-up clothes, etc. alternating with committee members during the school year.
4. Publicity* - Assists Publicity Chairperson in advertising school events to the community throughout the year.
5. T-shirts– Distributes sportswear order forms at September Parent Meeting, collects and places orders and distributes purchased items in the early fall.
6. Spring Fundraiser* - Helps organize this Springtime fundraiser (a Silent Auction) which includes contacting local merchants and families for prize donations, organizing auction display and procedures, and sending thank you notes to donors. Must be available the day of the event.
7. Website -Maintains and updates the school website in conjunction with the Publicity Chair.
8. Brooks BBQ Fundraiser*– Assists the Fall Fundraiser Co-Chairpersons in planning and managing the annual Brooks BBQ fundraiser in November. Committee members must be available the day of the BBQ.
9. 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 days and on the evening before the sale.
10. Slideshow - Obtains pictures from parents and teacher throughout the year to present at a family event later in the year.
11. School Picture Day-Coordinate the school picture day in the Spring and organizes orders.
12. Grant Writer(s)–Researches and applies for grants that align with the school's needs and missions.

Parent Participation Form (Return)

Please indicate your Executive Board/Committee Preferences Below (Reminder: We will assign board positions and committee participation in the best interest of the nursery school while trying to accommodate family requests.)

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

Child's Full Name _____

1. **Parent/Guardian Name:** _____

Preferences: 1st _____ 2nd _____ 3rd _____

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

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

2. **Parent/Guardian Name:** _____

Preferences: 1st _____ 2nd _____ 3rd _____

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

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

Other information: _____

**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 \$60 by September 1st
 - c.) Participate on scheduled days as helping parent(s) for each child enrolled (siblings not allowed). I understand all Helpers must be cleared on a background check and provide proof of full vaccination against COVID-19;
 - d.) Provide a nutritional snack and beverage for the children on your helping days;
 - e.) Participate in fundraising activities (each parent) (e.g. Silent Auction) * *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 **one week prior to the start of school**.

- 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 executive board
 - 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 \$75.00 per child.

- 7.) We agree to pay a supply fee of \$60.00 in September of 2022.

- 8.) We agree to pay \$135.00 OR \$165.00, 1/10th of the yearly tuition of \$1,350.00 or \$1,650.00 for the 2022-2023 school year to serve as the June 2023 tuition payment (non-refundable).

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:
- i.) Pay tuition by the 1st of each month;
 - j.) Pay one time supply fee of \$60 by September 1st
 - k.) Participate on scheduled days as helping parent(s) for each child enrolled (siblings not allowed). I understand all Helpers must be cleared on a background check and provide proof of full vaccination against COVID-19;
 - l.) Provide a nutritional snack and beverage for the children on your helping days;
 - m.) Participate in fundraising activities (each parent) (e.g. Silent Auction) * *See the Co-op Experience on pg. 2**;
 - n.) Serve on the assigned committees (each parent) or on the executive board;
 - o.) Participate in clean-up of classroom on your assigned date (approximately 3 hours);
 - p.) Provide the completed forms necessary to document medical history, immunization record, and emergency information for your child by **one week prior to the start of school**.

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

10.) 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 executive board
- c.) Failure to meet all financial and cooperative obligations

11.) 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.

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

13.) We agree to pay the non-refundable registration fee of \$75.00 per child.

14.) We agree to pay a supply fee of \$60.00 in September of 2022.

15.) We agree to pay \$135.00 OR \$165.00, 1/10th of the yearly tuition of \$1,350.00 or \$1,650.00 for the 2022-2023 school year to serve as the **June 2023** tuition payment (non-refundable).

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 **2022-2023** 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

By _____

Date _____

Fee _____

By _____

Background Check Authorization

Please return a form for each adult who will be serving as a Helping Hand parent in the classroom. The first 2 are paid for by the school, additional checks must be paid for by the family.

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 may request a copy of the report. I understand that if the Co-Op decides that I may not provide volunteer services based upon the background check information, I will be notified prior to any adverse action. If an adverse action is taken, I may appeal such action.

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 hereby authorize the Co-Op using IntelliCorp to conduct a background check as described above. 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.

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

Address _____ City/State _____ Zip _____

Email _____

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 locatio _____

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

(Signature)

(Date)

OFFICE USE ONLY.	
·	Cleared
·	See File
By	_____
Date	_____
Fee	_____

Background Check Authorization

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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 hereby authorize the Co-Op using IntelliCorp to conduct a background check as described above. 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.

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

Address _____ City/State _____ Zip _____

Email _____

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.)

(Signature)

(Date)

**Niskayuna Cooperative Nursery School
852 Ashmore Avenue • Schenectady, NY 12309
NISKAYUNA COOPERATIVE NURSERY SCHOOL**

Child Guard Form (Return)

Hospital of Choice _____

Child'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 _____

Please list any other doctors (including contact information) which oversee your child's care: (dentist, surgeon, etc.):

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 registered students must provide a record of physical examination conducted within 12 months prior to the first day of school. This form (or one provided by your pediatrician) must be completed by your physician and returned to the Registrar **by August 1st**. Your child cannot attend school until we have this record.

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 on a child's participation in nursery school activities? (specify)

Signature _____ Date of Exam _____

Photo Release Form

Niskayuna Co-op Nursery School
852 Ashmore Avenue
Niskayuna, NY 12309

I hereby grant to the Niskayuna Co-op Nursery School, its underwriters, sponsors and licensees (collectively, the "Co-op"), the right to take photographs, recordings and digital images ("Photographs") of _____ (child's name), my family, and myself; and to publish, broadcast, exhibit and otherwise use these Photographs, in whole or in part, in connection with the promotion, description and other activities of the Co-op, in print and/or in electronic form in accordance with my preference indicated below. I expressly release the Co-op from any claims I may have arising from the creation, copyright, publication, broadcast, exhibition, promotion, and other uses of any such Photographs, and I authorize the Co-op to copyright the Photographs.

I agree that the Co-op may use such Photographs of adult family members, with reference to my first name only, and any such Photographs of my child, without first or last name, for the following purposes:

- ALL USES: school website, Facebook page and printed publicity materials
- SELECT USES (check all that apply)
 - _____ The school's website
 - _____ The school's public Facebook page
 - _____ Printed publicity materials
- NONE OF THE ABOVE

I have read and understand the above:

Signature _____

Signature _____

Printed name _____

Printed name _____

Date _____

Date _____

Requirements for Proof of Vaccination Against COVID-19

All adults that help in the classroom are required to be fully vaccinated or get tested prior to their helping day. Therefore, please submit proof of the vaccination status of any person for which you are also submitting a background check by submitting a copy of the vaccination card with the registration materials. This must be submitted by **August 1st**.

If a helper is not fully vaccinated against COVID-19, please let the Registrar know. We will work out a testing schedule prior to the helpers helping days.

All records and communications regarding your vaccination status will be kept confidential.