

## REGISTRATION PACKET

Thank you for considering the Family Co-Op Nursery School for your child's academic needs. In order to secure a spot for your child for the upcoming school year, this Registration Application must be completed in full and submitted along with a non-refundable \$50.00 registration fee and a \$30.00 refundable supply fee. Checks can be made payable to Family Co-Op Nursery School.

If you have any questions please contact us: (856) 786-7798 or familycoopnurseryschool@gmail.com

### GENERAL INFORMATION

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

CLASS: \_\_3 yr Old \_\_ 4 yr Old. Time: \_\_\_AM \_\_\_PM \_\_ Will assist in Class \_\_\_ Choose non-working option

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

Mother's Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

### CONFIRMATION OF HANDBOOK RECEIPT

I, \_\_\_\_\_, have received and agree to abide by the Family Co-Op Nursery School's Handbook which includes the Information to Parents as required by the New Jersey Division of Youth and Family Services Bureau of Licensing and the Guidelines for Membership at the Nursery School. In the interest of health and safety of my child and those children enrolled, I agree to abide by the policies set forth by the Family Co-Op Nursery School regarding discipline, release of children, dispensing medication, health care provisions, management of communicable diseases, and expulsion of children from enrollment. In the interest of fulfilling my school membership obligations I further agree to abide by the school's guidelines pertaining to arrival and dismissal times, teacher assistance obligations (including penalties for failing to report for my scheduled Working Parents Day), and financial responsibilities (including penalties for late payments and returned checks).

PARENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

## HEALTH EMERGENCY GUIDELINES

The Family Co-Op Nursery School, Inc. is committed to making the classroom and outdoor play area safe for all children during class sessions and special events in the building. If your child has an allergy, medical condition, or prolonged illness we would like to know more information about it so that we can properly respond to any urgent situation that may arise.

Please list any Health Concerns you may have about your child, including specific diagnosis, if applicable:

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Details (such as specific limitations):

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Symptoms of trouble and what the Staff response should be:

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Does urgent treatment require special equipment, medication or technique? Please describe and see below:

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If the answer to the above question is YES, we require that you supply the staff with the special equipment, medication, or technique and instruct the Staff on how it should be administered or performed. Prescription medication must be in its original container labeled with your child's name, the name of the medication, its expiration date, and directions for administration. A doctor's note is required for ALL medication that is to be kept/administered at school.

PARENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Upon supplying the Staff with any special equipment, medication, or technique and instructing the Staff on how it should be administered or performed, the following signatures shall be collected.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY CARE

While our school has never faced an extreme medical emergency and we take every precaution to ensure that we will not, we do have procedures to follow in the event of such an emergency.

1. In event of a medical emergency which has been previously identified as a possibility on a completed Health Emergency Guidelines form, designated Family Co-Op staff will administer the appropriate special equipment, medication, or technique in accordance with the Health Emergency Guidelines for that child. Simultaneously, the child's parents will be contacted and 911 will be called (if applicable). If unable to reach the child's parents, the alternative emergency contacts will be notified.
2. In the event of an acute medical emergency which has not been previously identified as a possibility on a completed Health Emergency Guidelines form, and where time may be important, 911 will be called and the child's parents will be contacted. If unable to reach the parents, the alternative emergency contacts will be notified.
3. In a less extreme emergency, the child's parents will be called so that the parent may care for the child or take him/her to their own physician. If unable to reach the child's parent, 911 will be called and the alternative emergency contacts will be notified.
4. In addition, in any of the aforementioned three emergency medical procedures, a certified Staff member may perform First Aid and/or Infant/Child CPR if he/she deems it is necessary.

I \_\_\_\_\_ have read and understand the above-referenced emergency medical procedures as outlined by the Family Co-Op Nursery School. I hereby give the Family Co-Op Nursery School permission to implement these emergency medical procedures including the administering of any applicable special equipment, medication, or technique in accordance with my child's completed Health Emergency Guidelines Form; the contacting of 911; and the performance of First Aid and/or Infant/Child CPR by a certified staff member.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### ALTERNATIVE EMERGENCY CONTACTS

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

## CHILD'S HEALTH HISTORY

Has the child had any of the following conditions? If so, please indicate the year.\*

Measles\_\_\_\_\_

Chicken Pox\_\_\_\_\_

Whooping Cough\_\_\_\_\_

Diphtheria\_\_\_\_\_

Rheumatic Fever\_\_\_\_\_

Epilepsy\_\_\_\_\_

Heart Disease\_\_\_\_\_

Pneumonia\_\_\_\_\_

*\*Accompanying this Registration Application packet, please find a Universal Child Health Record form which is to be completed by your child's physician.*

Mumps\_\_\_\_\_ Scarlet Fever\_\_\_\_\_

Poliomyelitis\_\_\_\_\_ Diabetes\_\_\_\_\_

Hernia\_\_\_\_\_ Otitis Media\_\_\_\_\_

Convulsions\_\_\_\_\_ Developmental Disability\_\_\_\_\_

Does your child have any allergies that we need to be aware of?

\_\_\_\_\_

Will your child require an EpiPen or other medical device to be kept at school? (if so what type of device)

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## PARENT'S HEALTH HISTORY

Do you have any health concerns or issues that you would like us to be aware of or that may impact your ability to assist in the classroom? If so, please describe.

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## **PARENT'S BACKGROUND CHECK**

Accompanying this Registration Application packet, please find a MorphoTrak fingerprinting application.

Any and all persons who will be working within the school **MUST** submit to a Criminal History Record Information (CHRI) check unless they have been previously fingerprinted by Sagem Morpho for the sole purpose of working at the Family Co-Op Nursery School, Inc. Please note that this service is provided by the State of New Jersey at no cost to you or our school. Please make additional copies if needed.

\_\_\_ Check here **ONLY** if you were previously fingerprinted for the Family Co-Op Nursery School.

### ALTERNATE TRANSPORTATION FORM

\_\_\_ By checking this space, I \_\_\_\_\_, hereby grant permission for any parent of any child enrolled at the Family Co-Op Nursery School, to transport my child to and from school. (We strongly recommend checking this box. If you are running late and text another Co-Op parent to get your child at dismissal we can only allow it if they are authorized by you to do so. This can help avoid costly late pick-up fees). In addition to, or in lieu of, the above statement, the following list of people have my permission to transport my child to and from school.

Name, Address, Phone, and Relationship

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PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FAMILY CO-OP NURSERY SCHOOL FAMILY CONTRACT

As members of Family Co-Op Nursery School, families are required to meet certain obligations. Family Co-Op members agree to abide by the following rules:

- I understand that tuition is due the first Tuesday of each month. Late payments will be charged a penalty fee. Returned checks will result in additional bank fees and a late fee. Tuition payments must be made in the form of a check or money order (made out to Family Co-Op) and cash payments will not be accepted. Overdue accounts or frequent late payments may result in loss of membership.
- I understand that Family Co-Op opens at 9:00 am/12:30 pm and that children will not be admitted earlier.
- I understand that class is dismissed promptly at 11:30 am/3:00 pm. I agree to arrive on time for dismissal. Late fees will be charged to families arriving late for pick-up.
- I understand that Family Co-Op rules apply any time we are on school grounds. I agree to follow these rules and will remind my child of them.
- I understand that parents are required to work in the classroom on a rotating basis. If I am unable to work on my assigned day, I understand that it is my responsibility to secure a substitute. In the event that a substitute cannot be secured, I understand that I will be charged \$40 to cover the cost of a paid substitute to cover my shift. I will notify the staff via email at least 2 hours prior to the start of school to allow time to secure a substitute. .
- I understand that as a member of Family Co-Op there is a mandatory fundraising obligation. There will be a basket raffle fundraising event and each family is required to supply a basket valued at a minimum of \$50. Each family will also be required to provide assistance in preparing for and hosting the event.
- I understand that flu shots are required for preschool-aged children in the State of New Jersey. I agree to obtain the flu shot for my child and provide documentation of such by December 1<sup>st</sup>. I understand that my child will be excluded from school after December 1<sup>st</sup> until such documentation is provided.

*I understand the above rules, as well as the rules and procedures outlined in the FCNS handbook (available in school and on our website: [www.familyco-opnurseryschool.com](http://www.familyco-opnurseryschool.com)) and agree to abide by them.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO CONSENT FORM

Family Co-Op often posts pictures on the school's website and Facebook page of events held throughout the year. Please check one of the following choices regarding permission for your child's photo-image to be published on the school's website and/or Facebook page. Please note that children's names or other identifiers will NOT be included with his/her picture.

\_\_\_ I GRANT permission for a photo/image that includes this student without any personal identifiers to be published on the school's public website and/or Facebook page.

\_\_\_ I DO NOT GRANT permission for a photo/image that includes this student to be published on the school's public website and/or Facebook page.

STUDENT'S NAME (Please print.)

\_\_\_\_\_

PARENT'S SIGNATURE

\_\_\_\_\_ Date \_\_\_\_\_

## 2018-2019 Tuition

Tuition is due on the first Tuesday of each month. Please note that we are now offering an "opt-out option" for parents who are not able to assist in our classrooms. Please choose the option that best fits your schedule. Tuition must be paid by check or money order – NO CASH will be accepted. Late tuition payments and returned checks will result in penalty fees as noted in our handbook.

\_\_\_ \$210.00/month for parents who will be working in the classroom

\_\_\_ \$250.00/month for parents who are opting-out of the working days obligation

\*\*An additional class will be offered to our 4 year old students beginning in October (Mondays from 9:00-12:00) for \$65/month.\*\*