



Welcome to Northwest Co-op Preschool!

Dear Northwest Co-op Preschool Families,

Welcome to another fun year at NW Co-op Preschool! I am looking forward to a great year working with your children! We're going to start out the year talking about colors and meeting the book character, Pete the Cat by James Dean. Pete explores his environment and learns about colors on the way. Your children will be taking turns taking him home with them with his book and writing about his adventures at your house. We'll also be reading Chicka Chicka Boom Boom and learning about letters and how they climb up the coconut tree. I will be incorporating our Zoo-Phonics friends in this theme; Wild About Preschool! Allie Alligator will be making her debut also. I look forward to seeing you in September! I hope you are enjoying your summer!

Sincerely,
Kathryn Wilson, Teacher

Welcome to the 2013-2014 school year and the Northwest Co-op Preschool! The school year is fast approaching. Important things to note are:

- **Enrollment Forms** - The forms will be available on our website, via email, or via snail mail. Please download the forms and read them ASAP. There are two forms which need to be mailed immediately. If you are unable to download the forms please let me know so we can mail you a copy.
- **General Meeting** - A lot of important information is shared at this meeting and including a fun curriculum activity presented by our amazing teacher, Mrs. Wilson. This will also be the kick-off for our fall fundraisers. At least one member of your family must attend this **MANDATORY** meeting. We ask you not bring any children to this meeting.
- **Orientation Nights** - These are **MANDATORY** for new families and returning families who have not been at the school more than a year. The purpose of this night is to acquaint you with the location of things in the classroom and what a typical day feels like. Preferably, the adult who will be working in the classroom will attend this meeting. We ask you not bring any children to this meeting.
- **First Day Of School** - We ask that both you and your child attend the first day of school. Each class will be split into two sessions of one hour each. In order to keep the focus on your preschool child, we ask you not bring any siblings to this day.

We look forward to working together with each of you in making this a wonderful and successful year for our children! **Please don't hesitate to contact us with any questions or concerns you have.**

Sincerely,
Amy Peterson, Board President
amypeterson@gmail.com or 616.350.1919



IMPORTANT DATES

August 16 - Enrollment Paperwork and Tuition Due

September 6 - Get-To-Know-You Play Date:
10:00am -12:00pm at the Walker Community Park
(700 Cummings Ave NW, just off Lake Michigan Drive)

September 7 – Classroom Cleaning:
8:30am - 11:00am

September 12 - General Meeting (Mandatory):
6:30pm - 8:00pm – No children please

September 16 – First Day of School for 3 Day Class Students:
9:15am - 10:15am or 10:30am - 11:30am – No siblings please, ½ day Parent/Guardian Attends with Child

September 16 - Orientation for New 3 Day Class Families (Mandatory):
7:00pm - 8:00pm– No children please

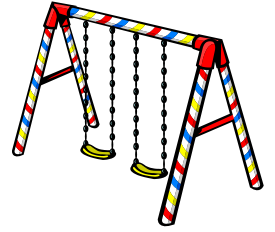
September 17 – First Day of School for 2 Day Class Students:
9:15am - 10:15am or 10:30am - 11:30am – No siblings please, ½ day Parent/Guardian Attends with Child

September 17 - Orientation for New 2 Day Class Families (Mandatory):
7:00pm - 8:00pm– No children please



Get-To-Know-You Play Date!

Walker Community Park
Friday, September 6th - 10:00am - 12:00pm



Come spend some time with our delightful teacher Mrs. Wilson! Our annual play date is a great time to catch up with old friends and make some new ones. There is a pavilion with picnic tables so feel free to bring a picnic lunch if you would like.

Park is located at 700 Cummings Ave NW, just off Lake Michigan Dr.

2013 – 2014 Northwest Co-op Preschool Board

Board meetings are held monthly. All members are invited to attend. A schedule of meetings will be posted in the hallway. If you have any questions or concerns you would like the board to address, please bring them to the attention of your class representative or the board president.

Thank you to all who volunteered to serve on the board this year!

President – Amy Peterson
Vice President – Sarah Wittenburg
Secretary – Christi Conran
Treasurer – John Wolbert
Membership – Ruth VanWalsum



We still have several important board positions that need to be filled, please contact the board president if you are interested in learning more about a position.

- * Fundraising
- * Two Day Class Representative
- * Three Day Class Representative

We'd love to have you as part of the team!

What Your Child Needs For School

1. **Backpack** – The backpack needs to be large enough to bring home all the wonderful art projects your child will be making and labeled with your child's name.
2. **Water bottle** – The bottle needs to be labeled with your child's name and be able to close tightly so it will not spill in your child's backpack. Please send it filled with **WATER ONLY** in your child's backpack each school day.
3. **Comfy clothing and sturdy shoes** - Please dress your child in clothing that are easy to play in and OK to get messy, and sturdy shoes that are ready to move 😊
4. **Two day class** – One box of Kleenex.
5. **Three day class** – One box of Crayola Washable Primary Colors Markers.



Play is often talked about as if it were a relief from serious learning. But for children play is serious learning. Play is really the work of childhood.

- Fred Rogers

Enrollment Document Information and Checklist

Northwest Co-op Preschool

We are asking all enrollment forms and your first tuition payment be returned by August 16th. This will give us time to process paperwork and make sure everything is in order before school begins.

- Mail to the school by August 16th. Please do not leave the forms in the mailbox.
1934 Bridge St., Grand Rapids, MI 49504

This checklist includes all the forms which must be submitted to complete your child's enrollment at the Northwest Co-op Preschool.

- Contract of Responsibilities Signature Page (Page 4)
- Tuition Payment Agreement
- Tuition Payment
- *DHS Clearance Letter (Provided blank form MUST be mailed to DHS ASAP to get this clearance letter returned to you)
- NWCOOP Volunteer Clearance Information Form (ICHAT)
- *Health Form (Completed and signed by your child's physician)
- Immunization Waiver(if applicable)
- Child Information Card
- Contact Information and Communication Preferences Sheet
- Teacher Information Sheet
- Class Representative Information Sheet
- Two 4"x6" pictures of your child – One is for your child's cubby and will be trimmed to approximately 3"x3" to fit on the cubby label.
- One 4"x6" picture of your family

Please note the DHS Clearance Letter and the Health Form both have information that needs to be completed by your local DHS office and your child's physician respectively. Please print these and mail them to the needed parties ASAP in order to ensure you have the completed form to return to the school.

I apologize for the repetitiveness in many of the forms. As they go to different people, it is important to include pertinent information in each. We have made every effort to eliminate repetition when possible. If you are unable to submit all of the forms by August 16, 2013, or need to make alternative tuition payment arrangements, please contact me.

I look forward to working with you this year! Please contact me with any questions or concerns you might have, whether big or small.

Best regards,

Amy Peterson, Board President

amypeterson@gmail.com or **616.350.1919** (Call or text)



Contract of Responsibilities of Cooperative Parents

Northwest Co-op Preschool, Inc.
1934 Bridge St. NW
Grand Rapids, MI 49504
(616)-791-4140

As a member of Northwest Co-op Preschool you will be expected to fulfill the following responsibilities:

1. Pay registration fee and tuition by dates specified.
2. Provide the following forms, properly completed, before our child's first session of school:
 - Contract of Responsibilities
 - Tuition Payment Agreement
 - DHS Central Registry Clearance Letter (Provided blank form MUST be mailed to DHS ASAP to get this clearance letter returned to you)
 - NWCOOP Volunteer Clearance Information Form (ICHAT)
 - Health Form (Completed and signed by your child's physician)
 - Immunization Waiver(if applicable)
 - Child Information Card
 - Contact Information and Communication Preferences Sheet
 - Teacher Information Sheet
 - Class Representative Information Sheet
3. Assist in classroom on days assigned on class schedule or secure a substitute if unable to work.
4. Serve on a committee which keeps the school operating smoothly.
5. Attend all general meetings of the membership.
6. Attend scheduled orientation training meeting.
7. Participate in formulation of school policies and programs, support school activities and comply with the rules of the organization.
8. Participate in one (1) fundraiser per semester or pay a \$50 non-participation fee for the fall fundraiser and a \$150 non-participation fee for the spring fundraiser.

Registration Fee

Non-refundable \$45 fee for each child attending the school, to be paid at the beginning of the school year.

Tuition

Tuition is due in August and at the beginning of the second semester. If a member withdraws within the first three weeks, tuition is refunded on a prorated basis. After this three-week period, no tuition will be refunded. If a parent is requested by the board to withdraw their child from the preschool, the remaining tuition for the semester will not be refunded. No refunds are made for illness or vacations. In the event of an extended illness, the parents have the option of appealing to the board. If you find you will be withdrawing your child during the semester or between semesters, it is vital you give the membership chairperson as much notice as possible.

Work Schedule

As a parent/guardian, it is mandatory that we take turns with other parents/guardians at helping the teacher in the classroom. Two parents/guardians are needed during each class period. Generally, but not absolutely, one work day per two week period is required. Two and Three Day Class Representatives create the work schedules ahead of time based on current needs determined by the teacher and board. If you are unable to work a certain day that you are scheduled, it shall be your responsibility to contact another parent/guardian to trade a day with you. See the policies and procedures in the Handbook for more information. Per the Department of Human Services a background check is required of any and all parents/guardians working in the classroom.

Committee Position

As a parent/guardian, you need to serve in one committee position and attend two cleaning sessions per school in order to keep the preschool operating smoothly. You are required to fulfill your job as listed in the policies and procedures in the Handbook.

General Meeting Policy

There will be two general meetings per year that are **mandatory**. The September meeting will consist of a curriculum presentation, an introduction of the teacher and board members, and presentation of important guidelines and fundraising information. The January meeting will consist of collecting second semester tuition, answering any member questions and a guest speaker discussing child related topics.

Orientation Policy

There is an orientation/training night that all **NEW** parents/guardians and returning families with a gap of more than one year **MUST** attend. This is mandatory. Preferably, all parents/guardians who will be working in the classroom will attend. The orientation will be held the first week of school in the evening. If you do not attend, your child will not be able to attend school until you are properly trained.

Fundraisers

There are two (2) fundraisers per school year, one (1) per semester. Families are obligated to participate in each one or pay a \$50.00 non-participation fee for the fall and a \$150.00 non-participation fee for the spring. We encourage families to participate since the money we make from the fundraisers pays our bills and pays for any materials needed for the classroom. There may be additional fundraisers to better serve our preschool, but any beyond the two required fundraisers would be optional for each family. In the 2013-2014 school year, the fall fundraiser will include a Sub/Soup Sale and a Bulb Sale. The spring fundraiser will be a Pizza Party with a Silent Auction. One member of each family will be required to serve on a committee to help organize and run the spring fundraiser (requiring 3-4 hours of work outside the classroom) and to provide 1-2 items for the silent auction. While participation or payment of the non-participation fee is mandatory, we recognize each family has unique needs and talents and are willing to be flexible.

***** Note: It is the school's policy to NOT accept cash for any reason – including fundraisers. Payments for tuition, fundraisers, everything must be made either by check or money order payable to Northwest Co-op Preschool, Inc. for the benefit of the school and the cooperative parents. Thank you for complying.**

Donations

To help alleviate expenses incurred during the school year, each family may be asked to donate various items.

SECURITY POLICY OF NORTHWEST CO-OP PRESCHOOL

In order to ensure the safety of our students, teacher, parents, and those who work in the building or are visiting the church, **all doors must be locked at all times**. During pick-up and drop-off times one parent/guardian must stand at the door to open it for arriving parents. During the school day, Mrs. Wilson will answer the door or approve opening the door after she recognizes the person(s) at the door. Do not open the door for any person(s) you do not recognize as a member of the preschool.

DISCIPLINE POLICY OF NORTHWEST CO-OP PRESCHOOL

Our policy contains three steps of discipline to be carried out by the teacher of the session:

1. If the teacher sees it fit and necessary to discipline a child, the teacher shall talk privately to the child, explaining the situation and the results of any repetition of the behavior.
2. If the unacceptable behavior continues, the teacher shall remind the child of the previous conditions and place the child in time out for short period of time. (Five minutes is recommended).
3. When and if the situation continues and the teacher feels it is necessary, a conference will be scheduled and held with the parents(s) of the child to discuss and remedy the situation.

There will be no corporal punishment or confinement of any child for any reason. Our teacher will be the only person allowed to carry out the above procedure.

NORTHWEST CO-OP PRESCHOOL POLICY ON ABUSE AND NEGLECT

An abused or neglected child is a child who is harmed, or threatened with physical or mental harm, by the acts or lack of action of a person responsible for the child's care. There are several forms of abuse: physical abuse, emotional abuse, and sexual abuse. Child neglect is a form of abuse that occurs when a person responsible for the care of a child is able but fails to provide necessary food, clothing, shelter, or care.

NORTHWEST CO-OP PRESCHOOL STATEMENT OF CHILD ABUSE

1. The individual is aware that abuse and neglect of children is against the law.
 2. The individual has been informed of the center's policies on child abuse and neglect.
 3. The individual knows that caregivers are mandated by law to report abuse and neglect
-

HANDBOOK POLICY

It is the responsibility of each member to read and understand the Handbook, Policies and Procedures, and By-Laws of the Northwest Co-op Preschool. These documents are currently under revision, but will be available for review online at www.nwco-oppreschoo.com no later than August 1st. If you are unable to access them online, please let us know and we will provide you with a hard copy to be returned to the school upon completion of your review.

Contract of Responsibilities of Cooperative Members

Northwest Co-op Preschool, Inc.

1934 Bridge St. NW
Grand Rapids, MI 49504

Child's Name (please print) School Year Session (2 day or 3 day) Date

Parent/Guardian Name(s) (please print) (please print)

Please Initial and sign below:

By Laws, Policies and Procedures, and Handbook Agreement

Initial here: _____ I have read and understand the commitments in the Northwest Co-op Preschool's By Laws, Policies and Procedures and Handbook.

Security Policy

Initial here: _____ I have read and am aware of the security policy found on page 2 of 4.

Discipline Policy

Initial here: _____ I have read and agree to follow the discipline policy of the Northwest Co-op Preschool found on page 3 of 4.

Abuse and Neglect Policy

Initial here: _____ I have read and am aware of the policies of child abuse and neglect found on page 3 of 4.

Press Release Consent

Initial here: _____ I give permission for photographs and videos of my child to be used in Northwest Co-op Preschool literature, publicity, websites, social media sites and/or for other official Northwest Co-op Preschool publication and/or events.

Financial Absolvment

Initial here: _____ I agree to absolve St. John's United Church of Christ (1934 Bridge Street NW) and the Northwest Co-op Preschool of all financial responsibility in case of injury or illness of our child.

By signing this contract, I (we), _____, as parent(s)/guardian(s) of the above named student, hereby acknowledge I have read and understand all of the above information and accept the responsibilities as a cooperative member of the Northwest Co-op Preschool as outlined above:

SIGNATURE RELATIONSHIP TO STUDENT DATE

SIGNATURE RELATIONSHIP TO STUDENT DATE

Tuition Payment Agreement

2013-2014 School Year

2 Day Class

Student Name: _____

Parent/ Guardian: _____

Tuition Fee*: \$332.50 Per Semester (includes \$10.00 for field trips and materials fee)

*\$45.00 Registration Fee does not apply to tuition fee.

Payment Plan Options

Due Date	Full Year	Semester	Half Semester	Monthly
August 16 w/ Enrollment Forms	\$665.00	\$332.50	\$166.25	\$74
October 15				\$74
November 15			\$166.25	\$74
December 16				\$74
January 15		\$332.50	\$166.25	\$74
February 14				\$74
March 14			\$166.25	\$74
April 15				\$74
May 15				\$74

Select Payment Plan:

_____ Full Year _____ Semester _____ Half Semester _____ Monthly

_____ I would like to purchase a school t-shirt for my child at a cost of \$8.25 (optional for 2 day class). T-shirts will be distributed at the September General Meeting.

_____ I would like to purchase a school water bottle (blue bpa-free plastic with white logo) for my child at a cost of \$3.00. Water bottles will be distributed at the September General Meeting.

Total Tuition Due	Total Tuition Due w/ t-shirt	Total Tuition Due w/ water bottle	Total Tuition Due w/ t-shirt and water bottle
\$665.00	\$673.25	\$668.00	\$676.25

Please Complete -Total Due: _____ **Total Paid Today:** _____

Checks are to be made payable to Northwest Co-op Preschool and mailed in with completed enrollment forms by August 16 or placed in the red box above the cubbies during the school year. If you have any questions, contact the school at the above listed number. Any checks returned for insufficient funds or for any other reason will be charged a \$15 fee and future payments will need to be made by cashier's check or money order. Northwest Co-op Preschool does not accept cash for tuition payments. A late fee will be applied to any tuition payment made after one week from the due date, unless other arrangements are made prior. The fee will be \$15.00 for the first late payment, \$25.00 for the second late payment, and \$50.00 for any remaining late payments made.

I understand that by signing this contract, I am agreeing to pay my child's tuition as noted above by the required dates and that my child will not be allowed to attend class until the payment is made.

Parent/Guardian Signature

Date

Tuition Payment Agreement

2013-2014 School Year

3 Day Class

Student Name: _____

Parent/ Guardian: _____

Tuition Fee*: \$427.50 Per Semester (includes \$25.00 for field trips and materials fee)

*\$45.00 Registration Fee does not apply to tuition fee.

Payment Plan Options

Due Date	Full Year	Semester	Half Semester	Monthly
August 16 w/ Enrollment Forms	\$855.00	\$427.50	\$213.75	\$95
October 15				\$95
November 15			\$213.75	\$95
December 16				\$95
January 15		\$427.50	\$213.75	\$95
February 14				\$95
March 14			\$213.75	\$95
April 15				\$95
May 15				\$95

Select Payment Plan:

_____ Full Year _____ Semester _____ Half Semester _____ Monthly

_____ I would like to purchase a school t-shirt for my child at a cost of \$8.25 (mandatory for 3 day class). T-shirts will be distributed at the September General Meeting.

_____ I would like to purchase a school water bottle (blue bpa-free plastic with white logo) for my child at a cost of \$3.00. Water bottles will be distributed at the September General Meeting.

Total Tuition Due	Total Tuition Due w/ t-shirt	Total Tuition Due w/ water bottle	Total Tuition Due w/ t-shirt and water bottle
\$855.00	\$863.25	858.00	866.25

Please Complete -Total Due: _____ Total Paid Today: _____

Checks are to be made payable to Northwest Co-op Preschool and mailed in with completed enrollment forms by August 16 or placed in the red box above the cubbies during the school year. If you have any questions, contact the school at the above listed number. Any checks returned for insufficient funds or for any other reason will be charged a \$15 fee and future payments will need to be made by cashier's check or money order. Northwest Co-op Preschool does not accept cash for tuition payments. A late fee will be applied to any tuition payment made after one week from the due date, unless other arrangements are made prior. The fee will be \$15.00 for the first late payment, \$25.00 for the second late payment, and \$50.00 for any remaining late payments made.

I understand that by signing this contract, I am agreeing to pay my child's tuition as noted above by the required dates and that my child will not be allowed to attend class until the payment is made.

Parent/Guardian Signature

Date

Request for Central Registry Clearance Form Instructions Northwest Co-op Preschool

1. Complete the Request for Central Registry Clearance Form. **Every adult working in the classroom will need a separate form.**
2. **Mail or drop-off the completed form and a copy of your current picture identification** to your LOCAL (see below) Department of Human Services **as soon as possible.**

DHS will mail your clearance letter to you. **You will not be permitted to work in the classroom without this clearance.** If you are not cleared to work in the classroom, your child will not be able to attend preschool until you are cleared. As this greatly inconveniences the other families in the preschool, we greatly appreciate you making every effort to complete this process as quickly as possible.

- | | |
|--|---|
| <input type="checkbox"/> Children's Protective Services
Kent County DHS
121 Franklin St. SE
Grand Rapids, MI 49507
616 / 248.1000 | <input type="checkbox"/> Children's Protective Services
Muskegon County DHS
P.O. Box 4290
2700 Baker St.
Muskegon Heights, MI 49444
231 / 733.3700 |
| <input type="checkbox"/> Children's Protective Services
Newaygo County DHS
P.O. Box 640
1018 Newell
White Cloud, MI 49349
231 / 689.5500 | <input type="checkbox"/> Children's Protective Services
Oceana County DHS
4081 W. Polk Road
Hart, MI 49420
231 / 873.7251 |
| <input type="checkbox"/> Children's Protective Services
Ottawa County DHS
12185 James St.
Holland, MI 49424
616 / 394.7200 | <input type="checkbox"/> Children's Protective Services
Allegan County
3255 122nd Street, Suite 300
Allegan, MI 49090
269 / 673.7700 |
| <input type="checkbox"/> Children's Protective Services
Barry County
430 Barfield Drive
Hastings, MI 49058
269 / 948.3200 | <input type="checkbox"/> Children's Protective Services
Ionia County
920 E. Lincoln
Ionia, MI 48846
616 / 527.5200 |
| <input type="checkbox"/> Children's Protective Services
Montcalm County
P.O. Box 278
609 N. State
Stanton, MI 48888
989 / 831.8400 | |

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 civilly 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 letterhead.
 - For ALL employers, volunteer agencies, or individual central registry requests: an enlarged and clear copy of the employee's/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 48909
Phone: 517-335-3704
Fax: 517-241-7047
 - 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

<u>Please Check Appropriate Box</u>	
<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 - -	E-mail		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 hits per CPL 722.627.

Individual request – 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.

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

Northwest Co-op Preschool Volunteer Clearance Information Form

Every volunteer must complete a form. This form will be kept confidential.

Michigan State Law requires our school to conduct an ICHAT (Internet Criminal History Access Tool) check for our volunteers. This background check helps us to keep NWCOOP a safe place for all to learn and volunteer. This form and the ICHAT results will be kept confidential. Thank you for your willingness to volunteer!

VOLUNTEER(S) INFORMATION – PLEASE PRINT

1. Last Name _____ First Name _____ Middle Initial _____

Date of Birth (MM/DD/YYYY) _____ Race _____ Gender _____

MI Driver License # _____

Other last, middle, or first name (i.e. maiden name) _____

Have you ever been convicted of a criminal offense? If yes, please explain. _____

Have you ever been convicted through the Juvenile Court of a child abuse crime? If yes, please explain. _____

Have you lived in any state(s) other than Michigan in the past seven years? If yes, please list. _____

I certify the answers herein are true and complete to the best of my knowledge. I understand the Central Records Division of the Michigan State Police (Lansing, MI) requires the above information. I authorize Northwest Co-op Preschool to utilize the above information for the sole purpose of obtaining a criminal history file search.

Volunteer Signature _____ Date _____

Northwest Co-op Preschool Background Check Policy

Persons wishing to volunteer at DACP will submit the completed “NWCOOP Volunteer Information Clearance Form” to the Membership Chair. The Vice President will initiate a background check via the Michigan Public Sex Offender Registry (PSOR) and the Michigan State Police Internet Criminal History Access Tool (ICHAT) or any other available and/ newly developed or generated background check modes or comparable databases of other states as necessary.

The Vice President will be specifically looking for people with pending charges or convictions of any crimes involving assaultive behavior, firearms or weapons, or any of the following crimes as described in Section 1539 (a)(1) and (b)(2) of the Michigan School Code:

...criminal sexual conduct in any degree, assault with intent to commit criminal sexual conduct, an attempt to commit criminal sexual conduct in any degree, felonious assault in a child, child abuse in any degree, or an attempt to commit child abuse in any degree; cruelty, torture, or indecent exposure involving a child; or a violation of Section 7410 of the Public Health Code, Act 368 of the Public Acts of 1978, being Sections 333.7410 and 333.7416 of Michigan Compiles Laws...

If after the background check it is found a volunteer has a pending charge or been convicted of any of the above crimes, the Vice President will notify the President. The President will notify the volunteer of the finding(s) and s/he is subject to being prohibited from volunteering with the Northwest Co-op Preschool. All background checks, volunteer forms, and any reported convictions of volunteers as listed above, will be kept confidential and filed in the Membership Files located at the preschool.

Office Use Only

Date Received _____ Date Screened _____ Screener _____ Signature _____

Volunteer Status: Cleared _____ Denied _____ If denied, date reported to President _____

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
			MI
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()
			MI

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			/ /	
			Parent/Guardian Signature _____ Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	➡ Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
DTaP/DTP/DT/Td	1	4	Influenza (TIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		____/____/____
<i>Health Professional's Signature</i>			Title		Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / _____ / _____

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / _____ / _____

Examiner's Signature Date *Examiner's Name (Print or Type)* Degree or License

_____ MI _____ (_____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

IMMUNIZATION WAIVER FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Vaccine-preventable diseases are still with us. Immunizations are one of the most effective measures to protect children from harmful diseases and even death. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in *loco parentis* applying to have a child registered for the first time in a Michigan school and/or in 6th grade, or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or no later than the first day of school or program enrollment, a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and varicella (chickenpox). Pneumococcal conjugate and *Haemophilus influenzae* type b vaccines are also required for preschool-aged children. Meningococcal vaccine is required for children 11 years of age or older who are in the 6th grade or newly enrolled in the district.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. **The child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.**

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.

ALL INFORMATION MUST BE FILLED IN BELOW.

I object to having my child, _____, born _____, immunized with the vaccines I have checked below: (First & Last Name) (Birth Date)

- | | |
|--|---|
| <input type="checkbox"/> DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pneumococcal Conjugate |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Meningococcal |

Reason: _____

Parent(s)/Guardian(s) Name: _____

Address: _____ Telephone: _____

Child's Address _____ Telephone: _____
If different from parent/guardian

Parent or Guardian's Signature

Date Signed

Preschool Program or Licensed Day Care Center OR School Name (Required)

File in the child's permanent record and send a copy to your local health department.

*Condition of acceptance is based on local health department policies.

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 9-09, 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 <div style="text-align: center; font-size: small;">(Provider's Name)</div>	
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 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

Contact Information and Communication Preferences Northwest Co-op Preschool

STUDENT'S NAME _____ GIRL _____ BOY _____

STUDENT'S PREFERRED NAME _____ BIRTH DATE _____

PARENT/ GUARDIAN INFORMATION

Primary PARENT/GUARDIAN NAME _____

RELATIONSHIP TO CHILD _____ EMAIL ADDRESS _____

PARENT/GUARDIAN ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Secondary PARENT/GUARDIAN NAME _____

RELATIONSHIP TO CHILD _____ EMAIL ADDRESS _____

PARENT/GUARDIAN ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Communication Preferences: We prefer to communicate via email because it is quick, easy, and green, but we also want to send information in the best method for your family to ensure you receive it.

_____ I check my email regularly and prefer to receive schedule changes, meeting information, etc. via email.

_____ I do NOT check my email regularly and prefer to receive schedule changes, meeting information, etc. via (check all that apply): _____ backpacks notes _____ text messages _____ phone calls.

I prefer to receive the monthly newsletter in: _____ an emailed pdf _____ printed copy in backpack

Communicable Disease Notification:

In the event your child is exposed to a communicable disease in the classroom that requires notification, the health chairperson will send an email notifying the appropriate class.*

_____ I prefer to **also** receive a phone call.

*Please note, in the unlikely event your child is exposed to something which requires immediate medical attention **everyone** will be notified by phone in addition to an email.

Cleaning Dates: Per licensing requirements, we are required to thoroughly clean the school every six weeks. Each family is responsible for attending two cleaning sessions. Please indicate your availability:

I am available to clean Saturday morning from 8:30am-11:30am. _____ YES _____ NO

Other times I am available are:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Afternoon							
Evening							

Teacher Information Sheet

Northwest Co-op Preschool

Child's Preferred Name: _____ Birth date: _____ 2 Day or 3 Day Class: _____

Address: _____ Phone: _____ Date: _____

Dear Parents,

In order for our school program to best serve the needs & interest of your child, we need an understanding of his/her environment as it affects him/her outside of school. The more knowledge we have of their social, emotional, physical & mental development, the better we will be able to meet their needs. We would appreciate your cooperation in answering the questionnaire as accurately as possible. Feel free to use additional paper if needed. At any time during the school year that you would like to discuss your child's progress, we will gladly make an appointment with you. If at any point in the year your family experiences significant change, please let the teacher know as soon as possible. Any information given will only be used by the Teacher and will be kept in strict confidence.

1. How many people are living in the house and what is the relationship of each to the child? (Include ages of other children) _____

2. What do you like to do as a family? _____

3. Are there any situations at home that make for any tension? (Illness, new baby, moving, divorce, etc.)

4. Has the child had any experiences that resulted in extreme emotional disturbances? (Fears, anxieties, etc.)

5. Are there any differences of opinions among the household members on the management of the child?

6. List any definite responsibilities the child has. (Putting away toys, hanging up clothes, feeding pets, getting self dressed, caring for personal needs, etc.) _____

7. Has the child had any serious illness? _____
8. Are there any physical conditions which might impede daily activities? _____

9. Does your child have frequent colds? _____
10. Does your child have any allergies/intolerances/sensitivities? (Foods, fragrance, etc.) _____

11. Does your child prefer to play alone? _____
12. Does your child play with other children in the neighborhood? If so, include ages. _____

13. In what playthings is your child most interested? _____

14. Is your child interested in books and stories? What kinds? _____

15. Do you read to your child? How often or what times? _____
16. Does your child nap or rest in the afternoon? _____
17. What time does your child go to bed at night? _____
18. In which religion or denomination does your child receive religious training? (Optional) _____
19. Has your child attended preschool before? Sunday school? Other? _____

20. Does your child eat well? Do you eat together as a family? _____

21. How much TV does your child watch? What programs? _____

22. What are your goals for your child in preschool? What changes do you hope to see in your child?

23. Are there any specific areas of development you would like to see emphasized with your child? (Scissor usage, art, music, large motor skills such as skipping, balance beam, etc.) _____

24. How does your child feel about coming to school? _____
25. What specific things has your child been looking forward to? _____

26. What specific things are worrying or concerning your child? _____

27. What are the occupations of the child's parent/guardian(s)? _____

Parent/Guardian Signature

Parent/Guardian Signature

Print Name

Print Name

Class Representative Information

Northwest Co-op Preschool

Child Information:

Name _____ Birthday _____

Any allergies/intolerances/sensitivities _____

Parent/Guardian Information:

Name: _____ Phone _____

Email Address: _____ Include in class rep email list

Will be working in the classroom: _____ regularly _____ occasionally _____ never

Name: _____ Phone _____

Email Address: _____ Include in class rep email list

Will be working in the classroom: _____ regularly _____ occasionally _____ never

Your class representative creates the work and snack schedule for your class. Please list any time constraints, day preferences, or known vacations and appointments to help them make the schedule out for as far ahead as possible. He/she will do their best attempt to accommodate everyone's schedules. You are responsible for finding someone to switch days with you or work with you if you are unable to work your scheduled day. Please let your class rep know that you are unable to work and of any switches you make.

As a working parent/guardian in the classroom you are scheduled to work from 9:00am until the work is done for the day, usually between 12:00-12:15 pm. Much of the final clean-up is done by working parents/guardians after the school day has ended in order to ensure more involved time with the children.

On the days you are scheduled to bring snack, please bring enough healthy snacks for each child and the teacher. If you are feeling creative, it is fun to look ahead on the calendar and plan a snack that fits the theme of the day. For example, oranges on orange day or sliced kiwi on circle day. If you would like to bring a special birthday snack for your child's birthday (or half birthday in the case of summer birthdays), you are more than welcome to do so. Please bring a preschooler sized snack for each child in the class.

_____ I would like to be scheduled to bring snack on a day close to my child's birthday/half birthday.

_____ I would like to be included on the list of those interested in finding other families within the school able to babysit or swap babysitting for my child's sibling(s) on my work days. Names and ages of child(ren):

Additional information or questions:



Northwest Co-Op Preschool Calendar 2013-2014

Play date	September 6 (10-12)
General Meeting	September 12 (6:30-8 pm)
Sub/soup/bulb sale	September 12 - October 4
First day of school (3-day)	September 16
Orientation (3 day)	September 16 (7-8 pm)
First day of school (2-day)	September 17
Orientation (2 day)	September 17 (7-8 pm)
Fundraiser delivery date	October 12
School pictures	October 3,4
Hearing/vision testing	October 14
Halloween party (2 day)	October 31
Halloween party (3 day)	October 30
Hearing/vision testing	November 26
Thanksgiving break	November 27-29
Christmas party (2 day)	December 19
Christmas party (3 day)	December 20
Christmas break	December 23-Jan 3
School resumes	January 6
General meeting	January 16 (6:30-8 pm)
End of first semester	January 17
MLK Day (no school)	January 20
Begin second semester	January 21
Progress reports	January 30,31
Valentine's Day party (2 day)	February 13
Valentine's Day party (3 day)	February 14
Presidents Day (no school)	February 17
Book character day	March 6,7
Spring fundraiser	March 22
Early Childhood Convention	April 3,4 (no school)
Spring break	April 7-11
Good Friday (no school)	April 18
Year end review	May 1
Year-end picnic (2 day)	May 15
Year end celebration (3 day)	May 16