



121 Scholfield Road
Rochester, NY 14617
icns@seneca-umc.org
icnspreschool.org
Phone: (585) 775-8146

Official STEM Activity Pre-K Class Registration Package 2017

Registration Checklist:

Required to reserve your child's place at ICNS:

- Registration Information Form
- \$25.00 non-refundable registration fee
- Parent(s) Contract and Tuition Agreement
- Parent Assisting Information & Availability Form
- Parent Job Interest Sheet
- Emergency Medical Permission Form
- Photo Release Form
- ICNS Behavior Policy
- Child's Medical Form

Please feel free to email icns@seneca-umc.org or call (585) 775-8146 with any questions. You are encouraged to attend an open house (see web site for dates) or call to schedule a classroom visit with your child.

Please return completed forms and registration fee by Friday December 30th to the address below (applications are processed in the order they are received until classes are full):

Irondequoit Cooperative Nursery School
Attention: Registrar
121 Scholfield Road
Rochester, NY 14617

Alternatively, you may put them in an addressed and sealed envelope and place them in the locked mailbox to the right of the parking lot entrance to the church.



2017 STEM Activity Pre-K Class Information Form

Tiny Acorns – 3 years old (T/TH) _____ Mighty Oaks – 4 years old (M/W/F) _____

Child's Name: _____ Nickname: _____

Date of Birth: ____/____/____ Boy _____ Girl _____

Mother's Name: _____ Father's Name: _____

Address: _____
Street City, State & Zip

Phone(s): _____

Email Address: _____

Can we share this email with your class? YES _____ NO _____

Name and Ages of siblings: _____

Father's Employer: _____ Phone: _____

Mother's Employer: _____ Phone: _____

How did you learn about ICNS? _____

Mother's Signature: _____

Father's Signature: _____

To reserve your child's place at ICNS, please complete the forms in this packet (see check list) and return them with a \$50 non-refundable application fee (payable to ICNS) to:

Irondequoit Cooperative Nursery School
Attention: Registrar
121 Scholfield Road
Rochester, NY 14617

The medical forms can be included to complete the Registration process. Enrollment is not complete until all forms are returned to ICNS, no later than August 15th.



Parent(s) Contract and Tuition Agreement

This contract, between Irondequoit Cooperative Nursery School (ICNS), 121 Scholfield Rd., Rochester, NY 14617 and

Parent(s): _____

Address: _____
Street & Apt. No.

_____ City State Zip
is entered on _____ for the purpose of joining ICNS and having their child
Date of Contract

_____ be enrolled in ICNS.
First Middle Last

I/We agree to:

- a. _____ assist in the classroom when scheduled and pay the normal fees (Section II b)
- Or**
- b. _____ pay the higher Non-Assisting Parent fees (Section II b).

ICNS is administered by the parent(s) of the enrolled children and provides an educational program developed and implemented by a professional teacher, in consultation with the ICNS Board. ICNS will provide a TEACHER appropriately certified in the state of New York, or an appropriate substitute in cases of TEACHER absence, for the class days and times offered during the period of enrollment. ICNS holds classes beginning in September and ending in May. Classes meet as follows (except holidays and school vacation days):

Pre-K STEM Class: Tuesday and Thursday from 12:30PM - 2:30PM
(Four years old by December 1st of 2016)

In consideration of enrolling the PARENTS' child in ICNS for the **2017 STEM Activity Pre-K Class** and services rendered to the PARENT(S) of the enrolled child during the period of enrollment, the PARENT(S) agree to fulfill their obligations to the ICNS as follows:

- I. Cooperative Responsibilities of the Parent
 - a. I/We agree to assist in the classroom on a rotating schedule in equal proportion to all other families. The actual number of assisting days will depend on final enrollment numbers. Assisting consists of arriving by 8:40 a.m. to help set up the classroom for the day's activities and staying after all the children have been released to help clean up. Non-Participating Assisting is offered with an increased tuition. Failure to abide by the assisting schedule will result in penalties as outlined in Section III.

- b. I/We accept responsibility for one school job for the year. Job selection is subject to availability and approval by the School Board. Failure to accept a job by the first day of school will result in a fine as outlined in Section III.
- c. I/We agree to attend all (maximum of 5) mandatory parent-only meetings throughout the school year. These meetings are held outside of regular school hours. An unexcused absence from a mandatory parent meeting will result in penalties as outlined in Section III. (Limited child care may be provided by SUMC as necessary.)
- d. I/We agree to perform housekeeping duties 1 to 2 times per school year according to the rotating weekly schedule established by the Housekeeping Coordinator.

II. Financial Responsibilities

- a. I/We agree to pay the non-refundable \$25 application/registration fee.
- b. I/We agree to pay tuition in full by December 30th 2016 or in two installments according to the schedule below and understand that any late charges will be applied as outlined in Section III. Note, there is a \$10 installment payment fee included in the schedule below. Parents having or anticipating trouble making payments can discuss other options with the Treasurer.

Normal fee schedule

Due Date	Total \$340
January 3 rd	\$180
March 15 th	\$180

Fee schedule only for Non-Assisting Parent(s)

Due Date	Total \$440
January 3 rd	\$230
March 15 th	\$230

- c. I/We understand that tuition is non-refundable. Refunds on a case-specific basis will be considered for reason of loss of job, transfer out of town, serious illness, death, or teacher recommendation. These requests will be considered by the ICNS Board and would then only be given upon enrollments of a replacement child acceptable to ICNS. Refunds, if any, would be pro-rated effective on the date the replacement child enrolls, or as determined by the ICNS Board.

III. I/We agree with the fine schedule outlined below:

Arrival after 8:40 am on Assisting Day	1 st Offense – Written Warning
Arrival after 8:40 am on Assisting Day	2 nd Offense - \$25 Fine
Arrival after 8:40 am on Assisting Day	3 rd Offense - \$50 Fine
No Show on Assisting Day	\$50 Fine
Failure to accept a job by school opening	\$25 Fine per month assessed on the first day of school, and the 1 st day of each subsequent month in violation
Failure to clean up classroom	\$25 Fine

Unexcused absence from Parent Meeting	\$25 Fine
Tuition Late Charges	\$10 per week, child may become ineligible to attend class after 4 weeks.
Bad Check Fee	\$35 Fee

- IV. I/We give permission for my child to go on all field trips for the school year. I further understand that if I cannot attend a field trip, it is my responsibility to make arrangements for another responsible adult to provide transportation and supervision for my child. I will provide an age appropriate child safety seat for the trip.
- V. I/We understand that my child will only be allowed to attend class after all Health Forms are received by the Health & Safety Coordinator.
- VI. I have read, understand, and agree to abide by the Constitution and Bylaws of Irondequoit Cooperative Nursery School and all items included in this contract. I understand that failure to meet my financial or cooperative responsibilities may result in expulsion from the school.
- VII. This contract becomes effective after the PARENT(S) and ICNS Registrar (or Chairperson) has signed below and Registration fee is paid. It remains effective for the school year designated previously. It may be terminated by mutual consent of PARENT(S) and ICNS Board.

Parent #1: _____ Date: _____

Parent #2: _____ Date: _____

Registrar: _____ Date: _____

Please return this form to the registrar. You will receive a copy for your records.



Parent Assisting Information & Availability Form

Parent Name: _____

Child: _____

Child Allergies: _____

If you want to assist on your child's birthday, indicate date: _____

Specific date(s) you would like to assist (holidays): _____

Date(s) you cannot assist: _____

Specific weekday(s) that is inconvenient for you to assist: _____

Name(s) of person(s) carpooling with: _____

Parent's hobbies, interests, musical talent, skills: _____

If you are unable to assist on your scheduled day, you are responsible for finding a substitute as far in advance as possible. We plan to have a list of emergency substitutes for those mornings that an emergency may arise (sick child, etc...).

_____ I will be an emergency substitute (An emergency sub does not assist more, but they are available "on call" to switch days)



Parent Job Interest Sheet

Welcome to ICNS! As described in the contract, every ICNS parent is required to fulfill a job assignment. Listed below you will find the different board and non-board positions available. Every position comes with a notebook that includes more detail for your job and past notes/ideas from previous families. These will be handed out at the first parent meeting. Please feel free to contact the vice chairperson if you have any questions about a particular position.

Please indicate your 1st, 2nd and 3rd choices for the positions you are interested in holding during the next school year. Please make every effort to make one of your choices a board/trustee position. Members of the board and trustees attend a monthly meeting.

Possible Job Positions		
<u>Indicated interest</u>	<u>Position</u>	<u>Job Description</u>
	Assisting Scheduler	Organizes and issues parent assisting schedules in January. Sets up and implements a phone tree to call parents in cases of emergency or needed information. Calls/emails reminders for the parent meetings, etc.
	Teacher Assistants	As requested by the teacher, each classroom teacher assistant will prepare materials, classroom displays and cubbies. Advance preparation for art projects and planning for special classroom holiday parties and events may also be requested by the teacher.
	Field Trip & Special Events Planner	Coordinates with teacher and parents to organize in-class and out of school field trips (during school hours) and arranges for visiting guest scientists.
	Special Projects	Along with the teacher, plans and implements special classroom nature & science projects.



Emergency Medical Permission

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Pediatrician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Type of medical insurance coverage and policy number:

Provider: _____ Policy #: _____

Special medical or emergency instructions:

Please list any food allergies here, and ALSO notify the teacher directly: _____

Pediatrician's Hospital Affiliation: _____

I give my permission for the teacher or other agents of the preschool to seek emergency medical treatment for my child.

Print Name: _____

Signature: _____ Date: _____



Photo Release Form

The Irondequoit Cooperative Nursery School (ICNS) would like to take photographs and/or videos of the children to illustrate learning activities in our facility on our website, our Facebook page, in newsletters, yearbooks, promotions, pamphlets and news releases for the preschool. We would also like to use the children's original artwork in those promotional materials.

Before taking and publishing any photographs or videos of your child, or publishing their artwork, we need your permission. ICNS will not use names or other personal or identifying information with published images. Please select an option below, then sign and date at the bottom.

Grant Permission to Use Photographs, Videos, and Artwork

_____ I hereby authorize ICNS to use my child's photograph, video, and original artwork to illustrate educational activities in publicity materials produced by ICNS, including electronic and printed publications, ICNS websites, and the ICNS Facebook page. I give this consent with no claim for payment. I hereby release and discharge ICNS from any and all claims arising out of the photograph, videos and artwork that I or my child might have.

I understand that these photographs, videos and artwork will not be sold, distributed, or placed on other internet web sites by ICNS.

I understand that I do not own the copyright on my child's photographs, videos, or artwork.

Do not Grant Permission to Use Photographs, Videos, or Artwork

_____ I do not give ICNS my permission to use my child's photographs, videos, or artwork in promotional materials.

I understand that choosing this option may result in my child being asked to step outside the range of a group photo or in his/her image being blurred out of photos by the editor.

Name of Child: _____ Date: _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____



ICNS Behavior Policy

In order to provide a safe and happy place for all our students, ICNS has established some general rules to insure classroom management. These rules have been discussed, role-played, and modeled with the students during the first week of school and will be reviewed other times during the school year, if necessary. Please help us in providing a safe and happy learning environment by talking to your child about good choices and good behavior and let's have a WONDERFUL year!!!

Classroom Rules

1. Walking feet
2. Be kind to others
3. Inside voice
4. Clean your mess
5. hands/feet to self

Rewards – appropriate behavior is reinforced with positive rewards

1. Verbal praise from the teacher
2. Sticker for hand
3. Get to hold Mr. Dog/stuffed animal at circle times
4. Sunshine note home
5. Class reward system being used, changes during the year

Consequences – inappropriate behavior receives a consequence

First time- the child will receive a reminder of the rule

Second time- The child will receive a verbal warning from the teacher

Third time - The child will sit in the “thinking chair” for 2 minutes. Note home

Fourth offense- The child will be removed from the class activity area until behavior is appropriate, parent may be contacted.

**For severe discipline issues, these steps may be bypassed and the parent may be contacted.*

Please don't worry if your child receives a few warnings or a visit to the “thinking chair”, remember we are ALL learning and we all have “uh-oh” days. Warnings and the “thinking chair” are just a reminder to a student when they break a rule, students WILL NOT lose their stamp for the day or any other privileges for warnings.

Thank you in advance for your support and cooperation.

Name of Child: _____ Date: _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

