

CO-OP Registration 2017-2018



Registration for current Cooperative School at Northland families begins the week of January 24, 2017. We will register on a first-come first-served basis. Registration will open to the community on January 31, 2017. To insure your spot in the program, you should plan on turning in your forms promptly. You will know immediately if your first preference is available.

If you would like to register for Mother's Morning Out (program for 18-24 month olds) or Kindergarten, please complete separate forms for those programs.

Please keep in mind the following when filling out your registration forms:

- The registration fee is non-refundable . Please note, there are no registration fees for students who are VPK eligible.

Payment Methods: MasterCard, Visa, Cash, or Check (payable to Northland)

- Please fill your forms out completely. This includes a **notarized** medical release form to be turned in with your registration. A notary will be on site.

Each child needs to have on file a copy of the following:

Health Form (Health Form 3040) *

Immunization Records (Health Form 680) *

*Your pediatrician's office will provide you with copies of these forms. You may submit them **any time before the first day of school in August.**

- Parent Orientation-August 17, 2017
- First Day of School-August 22, 2017

The Cooperative School at Northland utilizes parents as classroom helpers to set the stage for continued involvement in their children's education. Cooperating in the classroom exposes parents to the capabilities of many children, giving the parents a unique perspective on their own child. The school seeks to promote community, provide accountability, and minister to parents as well as children.

The Cooperative School at Northland admits all children regardless of race, color, national or ethnic origin. If you have any questions, do not hesitate to contact Pam Anderson at 407-949-7179 or via email at pam.anderson@northlandchurch.net.

CO-OP Tuition/Fees
2017-2018



2 YEAR OLDS (age 2 by 9-1-17)

2-Day Program- Tuesday/Thursday **OR** Wednesday/Friday from 9:00 a.m.-1 p.m.

OPTION 1: \$170.00 per month (9 monthly payments from September 2017-May 2018)

This option includes being a part of the helper parent rotation schedule for the school year (approximately 8 times/year).

OPTION 2: \$205.00 per month (9 monthly payments from September 2017-May 2018)

This option allows a parent to **opt out** of volunteer days for the school year.

3-Day Program -Tuesday/Wednesday/Thursday from 9:00 a.m.-1 p.m.

OPTION 1: \$240.00 per month (9 monthly payments from September 2017-May 2018)

This option includes being a part of the helper parent rotation schedule for the school year (approximately 10-12 times/year).

OPTION 2: \$290.00 per month (9 monthly payments from September 2017-May 2018)

3 YEAR OLDS (age 3 by 9-1-17)

2-Day Program- Tuesday/Thursday **OR** Wednesday/Friday from 9:00 a.m.-1 p.m.

Tuition: \$170.00 per month (9 monthly payments from September 2017-May 2018)

3 Day Program -Tuesday/Wednesday/Thursday from 9:00 a.m.-1 p.m.

Tuition: \$240.00 per month (9 monthly payments from September 2017-May 2018)

Helper Parent
Opt Out Not
Available

VPK (age 4 by 9-1-17)

Child meets age requirements for VPK funding.

4-day Program- Tuesday-Friday from 9:00 a.m.-1 p.m.

Tuition: State Funded-No Fees

Child does not meet age requirements for VPK funding

4-day Program -Tuesday-Friday from 9:00 a.m.-1 p.m.

Tuition: \$310.00 per month (9 monthly payments from September 2017-May 2018)

Helper Parent
Opt Out Not
Available

Additional Fees and Information:

Registration Fee (non-refundable)	\$100.00 per child-due at Registration
Registration Fee for VPK	State-Funded No Fees
Annual Materials Fee for 2-day program	\$ 75.00 per child-due by 8/22/2017
Annual Materials Fee for 3-day program	\$100.00 per child-due by 8/22/2017
Annual Materials Fee for VPK students	Donations appreciated
Security Background Fee*	\$ 10.00 per helper parent volunteer

*A background screen will need to be completed every 3 years

CO-OP Student Information 2017-2018



Child's full name _____ Name Preferred at School _____ Birthdate _____

Address _____ City, State, ZIP _____

Mother's Name _____ Cell _____ Work _____ Other _____

Father's Name _____ Cell _____ Work _____ Other _____

Email address: _____

Child lives with: Both Parents _____ Mom only _____ Dad only _____ Grandparents _____ Other _____

Anything we need to know about living situation: _____

Emergency Contacts (other than parent/guardian) & Authorized Pickup Persons:

Please check all that
apply

Name	Phone	Relationship to Child	Emergency	Pick Up
1.				
2.				
3.				
4.				

Does your child have any allergies? If so, to what substances and how are they manifested?

Please provide any additional information which you think might be important for us to have concerning your child (fears, health issues, family situations, etc.).

Your child's teacher may request additional information in order to better plan for her class. Any information will remain confidential and we ask you to update all information as necessary. Thank you!!

CO-OP Registration 2017-2018



Today's Date _____

Please fill out one per family

Please list all children you wish to enroll:

Child's Name	2-year old classes only	2-day class Tues/Thurs option		2-day class Wed/Fri option		3-day class Tues-Thurs option		4-day class Tues-Fri
		<i>2 year olds</i>	<i>3 year olds</i>	<i>2 year olds</i>	<i>3 year olds</i>	<i>2 year olds</i>	<i>3 year olds</i>	<i>VPK only</i>
1.								
2.								
3.								
4.								

(*specifically designed for parents who have 2 year olds only enrolled in the school. This option allows you to pay extra monthly instead of volunteering in a classroom)

We have a infant/toddler nursery available for parents to utilize during their helper parent volunteer day. Please make other childcare arrangements for any child that is over 2 years old (by 9/1/2017) or you may enroll them in one of our Co-op programs.

Please list baby's name and birthday below OR **if you are pregnant**, please list due date:

Name _____ Date of Birth _____ Due Date: _____

If you need to work on a specific day of the week, please check first choice. Otherwise, you will be scheduled as needed. I prefer to work on:

Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____ (No Nursery Available)

I prefer to work in my child's class: Yes _____ No _____ (NOTE: 2 year old parents DO NOT work in their child's class)

If no, indicate age group preferred: Nursery _____ 3's classroom _____ VPK classroom _____

Parent Initials

_____ I have read *Know Your Child Care Facility* (available in the school office or online at www.myffamily.com/childcare (available in the school office or online at www.myffamilies.com/childcare ➡ For Families)

_____ I understand that a security background fee of \$10.00 will be assessed in August for each individual working in the classroom as a helper parent. A background screen will need to be completed every 3 years.

_____ I give my child permission to participate in any food related activity (special occasion/learning activity) that includes food consumption
OR

_____ I **do not** give my children permission to participate in any food related activity (special occasion/learning activity) that includes food consumption

_____ (Parent Signature)

_____ (Date)

For Office Use: Reg _____ MR _____ 3040 _____ 680 _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Please fill out one for each child you enroll.

Child's Name: _____ Date of Birth ___/___/___ SEX: M ___ F ___

Parent/Guardian Name(s): _____

Full Address: _____

Phone: _____
(Mother Cell) (Father Cell) (Other)

Child's Physician: _____

Physician Address/Phone: _____

Insurance Company Name: _____

Address: _____ Telephone: _____

Policy No.: _____ Medicaid No.: _____

ALLERGIES: _____

I _____, hereby give my consent to the Cooperative School at Northland to take my child, _____ to the nearest hospital during the hours of preschool, 9:00 a.m. – 2:30 p.m. and hereby release Northland, a Church Distributed and the Cooperative School at Northland from any and all liability, as a result of any negligent medical emergency treatment. I will assume full responsibility for any and all expenses incurred (i.e. ambulance, medical and /or hospital fees, etc.)

Signature: _____ (In the presence of a notary)

Date: _____

STATE OF FLORIDA)

)

COUNTY OF _____)

On this the _____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she/he executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My commission expires: _____