



Child's Name	Birthdate (MM/DD/YY)	Sex M      F
Address	Home Phone	
Mother's Name	Mother's Cell Phone	
Mother's Employer	Business Phone	
Father's Name	Father's Cell Phone	
Father's Employer	Business Phone	
Email	Sibling's (Name(s)/Date(s) of birth	
Special needs, allergies, etc. (attach allergy plan if needed)		
Pediatrician's Name	Pediatrician's Phone Number	
Emergency Contact - Name & relationship (local & able to drive)	Home phone	
	Cell phone	

### PROGRAM PREFERENCES

*Class offerings are subject to change due to enrollment. NHCOP reserves the right to consolidate classes & to determine the best placement for individual children. Whenever possible, classes will be equally balanced (in size & gender mix).*

PRE-K (4 by October 1)	Nursery (3 by October 1)	Pre-Nursery (2 ½ by October 1)
<input type="checkbox"/> 4 Days \$3500 (\$350 x 10 months) <input type="checkbox"/> 5 Days \$4100 (\$410 x 10 months) <input type="checkbox"/> 5th Day Friday Enrichment Starts 2017 \$350.00 Additional	<input type="checkbox"/> 3 Days \$2700 (\$270 x 10 months)  Depending on enrollment there may be an additional class offered or a 4th day (enrichment)	<input type="checkbox"/> 2 Days \$1900 (\$190 x 10 months)  Depending on enrollment there may be an additional class offered or a 3rd day (enrichment).
Let's Move -12:00-1:30 Mondays <input type="checkbox"/> Fall Session (10 weeks)\$150 <input type="checkbox"/> Winter Session (10 weeks)\$150 <input type="checkbox"/> Spring Session (10 weeks)\$150 <i>If you are enrolled in a full year of Monday Stay &amp; Play there is an additional charge of \$75 per session to join the class.</i>	<u>Possible Afternoon Programs</u>  Lego Bricks for Kidz Kiddie Academy Soccer Bundles of Tumbles Mad Science Kiddie Cooks Let's Dance	Stay & Play Available 12:00- 3:00  <input type="checkbox"/> Full Year \$700.00 (per day) Circle Days Interested In M   T   W   TH   F  Daily rate of \$8.00 per hour available on a drop in basis.

Afternoon programs may change each session due to availability, enrollment & interest. The coop strives to offer fun and developmentally appropriate enrichment programs.

Child's Name \_\_\_\_\_

**NORTH HALEDON COOPERATIVE NURSERY SCHOOL, INC. MEMBERSHIP AGREEMENT – 2016/2017**

**We understand that the North Haledon Cooperative Nursery School is an organization whose successful operation depends upon the participation and sharing of responsibilities by all members.** With that in mind, we understand the required duties of the adult members as detailed in the membership agreement, regarding the following:

- **Meeting all financial obligations (including fundraising requirement of \$200)**
- **Providing healthy snacks – approx. 1 x per month**
- **Classroom Participation – approx. 1 x per month [OR paying \$350 to opt out]**
- **Attendance at Membership Meetings (fall & spring)**
- **Co-op Job – Board or Committee Participation (approx. 10hrs per year) [OR paying \$150 to opt out]**
- **Co-op Cleaning – 1 x per year (approx 3 hrs) [OR paying \$100 to opt out]**
- **Adherence to Co-op policies - including parking and illness policies**

*PLEASE CHECK THE APPROPRIATE BOXES BELOW IF OPTING OUT OF ANY/ALL CO-OP OBLIGATIONS*

<b>COMMITMENT</b>	<b>FEE</b>
<b>Opt out of classroom participation (per child)</b>	\$350
<b>Opt out of cleaning (per family)</b>	\$100
<b>Opt out of co-op job (per family)</b>	\$150
<b>Opt out of fundraising (per family)</b>	\$200

I/We have received and read a copy of the 2016/2017 Membership Agreement. I/We understand and agree to abide by the terms of this agreement, and fulfill our obligations completely (or to pay the appropriate opt out fees selected above).

*I/We understand that failure to meet these obligations will result in fines and/or penalties as outlined in the NHCOOP by laws, and that if we are unable to meet any portion of this agreement for any reason, we can contact the President of the Executive Board to discuss any special circumstances. Repeated failure to meet obligations may result in revocation of membership.*

*I/We attest that my/our child had a physical examination within the past year, is in good physical condition, and is able to participate in the preschool program without restrictions. His/her immunizations are up-to-date. I agree to submit a Universal Child Health Record and immunization record as soon as possible, but not later than September 1, 2016*

**Member Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**BEFORE STARTING SCHOOL IN THE FALL YOU MUST SUBMIT:**

1. \$75 REGISTRATION (COLLECTED UPON ENROLLING)
2. \$100 DEPOSIT (NEW MEMBERS) Current members your security deposit will be carried over at the end of this year provided that all obligations have been fully met. Security deposit is refunded as per the terms in the 2016/2017 Membership Agreement.
3. FIRST & SECOND TUITION PAYMENT (JULY & AUGUST)
4. UNIVERSAL CHILD HEALTH RECORD & IMMUNIZATION RECORD

**Make checks payable to: NHCOOP**

