

Information Sheet:

Child's Full Name: _____ DOB: _____

Child's Nickname: _____ Home Phone: _____

Home Address: _____
(street) (town) (state) (zip code)

Parent's Address (if different): _____

**Please indicate which is the primary contact name and number*

__Parent's Name: _____ Cell Phone: _____ Work Phone: _____

Place of Work: _____ Occupation: _____

__Parent's Name: _____ Cell Phone: _____ Work Phone: _____

Place of Work: _____ Occupation: _____

Names and ages of other children in the family:

Other adults in the home besides the parents, (name and relation):

Does he/she have grandparents whom he/she visits or who visits him/her? _____

Church or religious preference of the family: _____

Primary language spoken at home: _____

Family pets (kind and name): _____

Special problems: _____

Fears: _____

Words used for Urination: _____ Bowel Movements: _____

Other information that will help us have a better understanding of your child's interests and experience:

Parent Information:

Please answer fully and freely, adding information where necessary.

Mother

Occupation: _____

Place Of Work: _____

Work Address: _____

Father

Occupation: _____

Place Of Work: _____

Work Address: _____

Does either parent have a special interest or training? _____

On your classroom helper days, is there anything specific you'd like to do with the children, i.e. read a story, do an art project, share a musical talent? _____

Transportation:

I grant permission for _____ to go on all walking trips with the Middletown Cooperative Preschool, Inc and do not expect written notification of each one. Written permission for each individual field trip (non-walking) will also be required.

Parent Signature _____

Please list all adults who have permission to transport your child home to and from MCP (including other parents, relatives, car pool members, i.e. babysitters).

Name/Relationship:

Phone Number:

Parent's Signature: _____ Date: _____

Communications:

The preschool regularly sends out various communications via e-mail. Please provide the e-mail address you would like to use to receive these communications.

If you do not wish to receive these communications by e-mail, please indicate below, and we will provide hard copies.

___ Preferred e-mail _____

___ Preferred phone number for texting: _____

Permission for Emergency Medical Care:

In compliance with state regulations, the Middletown Cooperative Preschool's policies in case of emergency, illness, or accident are as follows:

- 1) Administer immediate first aid as necessary
- 2) Notify the family
- 3) Call the child's physician or hospital emergency room
- 4) Proceed with orders from family and/or physicians
- 5) Transport to medical facility via ambulance at parent's cost.

I authorize the Middletown Cooperative Preschool teachers or participating parent to transport my child, along with medical records and an adult from the school.

Child's Full Name: _____ Birthday: _____

Emergency Contact Phone Numbers

Parent 1: _____ Parent 2: _____

Child's M.D. _____ M.D.'s Phone: _____

Parent's Signature: _____ Date: _____

ALLERGIES (in RED): _____

Please list two adults who may pick up your child **in case of emergency**, if you cannot be reached:

Name/Relation: _____ Phone: _____

Name/Relation: _____ Phone: _____

Parent Participation Health Release:

Father:

(Parent's Name): _____ is in good physical condition for participation in school activities.

Physician's Signature: _____ Date: _____

Mother:

(Parent's Name): _____ is in good physical condition for participation in school activities.

Physician's Signature: _____ Date: _____

Caretaker/Other:

(Name): _____ is in good physical condition for participation in school activities.

Physician's Signature: _____ Date: _____

Tuition Payment Contract:

Please read the Covid-19 Changes in the event of a long-term closure

The yearly tuition payment schedule is based on the school calendar September 7 to June 15. It may also include an additional amount whether or not the student’s family is a classroom helper. Classroom helpers are scheduled in the classroom on a rotating basis. Please see the handbook for details. For your convenience, we offer three payment options of the yearly amount; please note the option that fits your needs.

No deductions are made for school or personal vacations, sick days, snow days and early dismissals. Please see handbook for further clarifications.

In the event of late enrollment, the Supply Fee (To be paid in August) will still need to be paid along with the first payment. In the event of early withdrawal, the Supply Fee will be forfeited and the current month will be owed prior to the withdrawal. Ex: If withdrawal is on December 8, you are responsible for December’s tuition and you forfeit your Supply Fee. You must provide a written 30-day notice, of your child’s last day, to not incur, the following months tuition payment.

A deduction to the signed contract, listed below (in the amount of regular days and extended days) must have a 30 day written notice. Ex: On March 20th you need to drop a day. You will still need to pay April’s regular amount but starting May, the new adjusted amount will begin.

If another payment schedule would better suit your needs, please contact the Director to make other arrangements. Payments more than **5 days late** are subject to a **penalty of \$35**. The parent is also responsible for any charges incurred by the school for overdrawn checks.

Please make all **checks payable** to *Middletown Cooperative Preschool*. During the school year, payments may be dropped off at the school or mailed to the school at the address above.

Please note that the Regular Day, Extended Day and Opt Out are 3 separate options.

1. Please choose below your payment options:

2 Day Classroom Helper		3 Day Classroom Helper	
	Ten Equal Payments of \$270 (Due 1st of Each Month, Sep. - June)		Ten Equal Payments of \$305 (Due 1st of Each Month, Sept. - June)
	Semester Payments of \$1350 (Due Sept. 1st and Jan. 1st)		Semester Payments of \$1525 (Due Sept. 1st and Jan. 1st)
	Annual Payment of \$2700 (Due Sept. 1)		Annual Payment of \$3050 (Due Sept. 1)
4 Day Classroom Helper		5 Day Classroom Helper	
	Ten Equal Payments of \$365 (Due 1st of Each Month, Sept. - June)		Ten Equal Payments of \$420 (Due 1st of Each Month, Sept. - June)
	Semester Payments of \$1825 (Due Sept. 1st and Jan. 1st)		Semester Payments of \$2100 (Due Sept. 1st and Jan. 1st)
	Annual Payment of \$3650 (Due Sept. 1)		Annual Payment of \$4500 (Due Sept. 1)

2. Please choose your Extended Day options and the days needed:

	2 Day Extended Day		3 Day Extended Day
	\$170 per month		\$200 per month
	M T W Th F		M T W Th F
	4 Day Extended Day		5 Day Extended Day
	\$215 per month		\$230 per month
	M T W Th F		All Days

3. If you choose to opt out of classroom helper and snack please check below:

	Non- Classroom Helper/ Non- Snack Provider
	\$50 Per Month
	I am unable to participate in the classroom and provide snack. I choose to pay the \$45 per month. This will be added to my monthly tuition.

Payment Due Per Month:

Tuition Payment : _____ \$ _____
 Extended Day Payment: _____ \$ _____
 Opt Out Payment: _____ \$ _____

Total: _____ \$ _____

(Subject to change if needs should change day amounts)

Venmo and Cash App is also available

I have read the above agreement and I understand and agree to the terms.

Child's Full Name: _____ Parent's Name: _____

Parent's Signature: _____ Date: _____

Director: _____ Date: _____

Supply Fee:

The first payment to MCP, is the Supply Fee payment, which is due **August 1th**. **\$385** per child attending 4/5 days per week, or **\$285** per child attending 2/3 days per week. This is a one time fee, per child. In the event that the child increases their days, the adjustment will be made to reflect the change. Please see the Handbook on further explanation, of the Supply Fee. The Supply Fee is Non-refundable, and will not be returned due to an early withdrawal.

Payments can be sent to:

ATTN: Gladys Hartzell
Middletown Cooperative Preschool
440 West Street
Middletown, CT 06457

Venmo or Cash App
Venmo: @Gladys-Hartzell
Cash App: \$GladysHartzell

I understand and have read the purpose of the Supply Fee.

Parent’s Name: _____

Parent Signature: _____ Date: _____

Covid-19

Unforeseen circumstances do and have occurred at MCP. MCP needs to ensure that when life happens, we are protected. Tuition for the remainder of the school year will still need to be paid, should there be a disturbance in the school calendar. MCP is a small organization and solely relies on tuition to meet its financial obligations.

I understand that should MCP have to close due to a short or long term Covid-19 or other pandemic related circumstance, payments will still be paid.

Name: _____

Signature: _____

Date: _____

Fundraising Contract:

The Middletown Cooperative Preschool has a fundraising obligation for each family with a child enrolled in the preschool. For those families with one child enrolled, the minimum obligation is **\$375**. For those families with multiple children enrolled, each additional child will increase the obligation by \$200. For instance, the obligation for a family with 2 children enrolled is \$575. For those families who enter later in the school year, the fundraising obligation of \$375 will be prorated by month.

The fundraising obligation is based on the **profit** that the school receives from the fundraising events, **not the gross sales**. For example, Family X sold \$200 of Yankee Candle products. The preschool received 40% profit from this. Thus, Family X has contributed \$80 towards their fundraising obligation.

After each fundraising event, you are responsible to submit a voucher of the amount to be taken off of your Fundraising obligation. There are several opportunities throughout the year to fundraise; as well as a variety of events, from Yankee Candle sales to auctions, however our primary fundraiser will be determined.

MCP is a non-profit, therefore any contributions made are Tax Deductible.

Many employers participate in Match Programs to Non-Profits; if your employer does this, please sign up at work and let the Director know, so that MCP receives the funds. (Example- UTC employees are eligible)

For your convenience, there are three options to meet their fundraising obligation. Please choose one of the following:

- _____ 1) My family wishes to participate in the fundraisers, contributing to MCP a minimum of \$375 (if one child is enrolled), \$575 (if two children are enrolled). However, I also understand that I must also participate in the main Fundraising Events (TBD).
- _____ 2) My family wishes to divide our fundraising obligation into 10 equal payments, due with the tuition payments September 1st - June 1st. This is \$38/month (if one child is enrolled), \$50/month (if two children are enrolled). However I understand that must also participate in the main Fundraising Event.(TBD)
- _____ 3) My family wishes to contribute a lump sum to MCP to meet our fundraising obligation. Payment of the lump sum is due by **May 1**.The lump sum is \$375 (if one child is enrolled), \$575 (if two children are enrolled). However, I understand that must also participate in the main Fundraising Event.(TBD)

I have read the above agreement and I understand and agree to the terms.

Child's Full Name: _____ Parent's Name: _____

Parent's Signature: _____ Date: _____

Volunteer Hours:

Parent participation is an important component to MCP and our events. We are asking that all families participate in a minimum of **15 hours** per school year. These hours can be split up throughout the school year in the events and through helping the school in other ways. Lack of participation will result in a \$300 dollar fee. Families will be asked to fill out a form of their hours completed once they have completed them, so that you can be credited for your hours. **Families are responsible to track their own hours.** Classroom helper for the day cannot be counted towards the volunteer hours.

Ex: I worked the bake sale for 3hours, set up and broke down-1.5hours =4.5hours
My husband stuffed and sent out invitations for the Major Event =5hours
My husband and I both attended the Major Event and cleaned up (Both 4hours)=8hours
Our hours we completed by the winter and as a family we did = 17.5hours

Please See Parent Handbook for Complete Description of the events. The form for Event hours and Fundraising can also be found in the Handbook. Director also has them available when needed. **

Signature: _____

Name: _____ Date _____

Photograph, Video & Digital Image Release:

___ I **agree** to allow photographs, video, or digital images of my child to be taken and/or used by the Middletown Cooperative Preschool, Inc. or its representatives in any and all publicity materials including but not limited to its website, brochures, informational packets, Facebook (names are never used), etc.

I further release the Middletown Cooperative Preschool, Inc. from any and all liability that may result from any publication of these photographic, video, or digital images of my child. This release shall remain in full force and affect until it is terminated in writing by me or my child's current legal guardian.

Child's Full Name: _____ Parent's Name: _____

Parent's Signature: _____ Date: _____

___ I **do not** wish to have the Middletown Cooperative Preschool, Inc. to use photographs, video, or digital images of my child in any or all of its publicity materials.

Child's Full Name: _____ Parent's Name: _____

Parent's Signature: _____ Date: _____

Behavior Management and Discipline Policy:

In most cases, discipline is carried out by redirecting a child, by telling the child what should be done (“Sit this way” or “Play with it gently”), and by giving the child appropriate words to use (“May I have a turn when you are done?”).

A child who is losing control will be brought away from the group by a teacher to a chair for a few minutes of time out or to a quiet spot in the other classroom until he/she is ready to rejoin the group.

If a child hurts another, the teacher will fill out an Incident/Accident/Injury report to ensure that the incident is discussed with the parents involved.

In rare instances, after parents and professionals have been consulted, if a child is a danger to others, the child may be asked to withdraw from the school.

I have read, understand, and discussed the behavior management and discipline policy of the Middletown Cooperative Preschool.

Child’s Full Name: _____ Parent’s Name: _____

Parent’s Signature: _____ Date: _____

Director Signature: _____ Date: _____

Late Pick-up Policy:

Late pick-up of a child is subject to a late fee. This will be included in your following month bill/tuition statement; Policy states: up to 5 minutes leniency and \$1 per minute thereafter, unless prior notice has been given. In the event that no parent can be contacted and no one has picked up the child and it has been more than 30 minutes with no communication, the director will call Middletown Police Department.

Parent Name: _____

Signature: _____ Date: _____

Splinter Policy:

Splinters occur on the playground. When a child has a splinter the teacher will place a band-aid on it and inform the parent or guardian picking up the child. We will not take any extreme measures to remove a splinter from your child. Parents/Guardians are responsible for the removal of the splinters.

Signature: _____

Parent Name: _____ Date: _____

Additional Reminders and Information Required:

_____Please email/text a digital image of your child to mcpteacher@middletowncoop.org, or text to 860-301-6833

Image will only be used for classroom purposes *

_____Don't Forget the **Declarations Page** of your Auto Liability Policy

_____Don't Forget a copy of the **Connecticut Early Childhood Health Assessment** from your child's annual physical.

Handbook:

I have read the Parent Handbook, which can be found online on MCP's website, and understand its content and the content of the Enrollment Packet. *

Parent Name: _____

Signature: _____ Date: _____

Director Signature: _____ Date: _____

Reviews all of the required material at the Parent Orientation Meeting