



www.vmcp.org

Vashon-Maury Cooperative Preschool
P.O. Box 925 Vashon, WA 98070

REGISTRATION FORM

FOR PRESCHOOL USE ONLY

Date Received: _____
Payment received: **Y N** (circle one)
Amount: _____
Preschool Rep: _____

First Name:

Student Information Today's date: _____

Child's Name: _____
First Middle Last

Birthdate: _____ Class registering for: T, 2/3, 3/4, 4/5 (circle one) School Year _____

(Toddlers must be walking; 2/3s must be 2 by 8/31; 3/4s must be 3 by 8/31; 4/5s must be 4 by 8/31)

Starting Quarter: Fall _____ Winter _____ Spring _____ Gender: ___ Male ___ Female

Has this student attended VMCP before? _____ When? _____

List any other organized group (ex: Kindermusik) experiences:

List names and ages of siblings: _____

How did you learn about VMCP? _____

Parent/Guardian Information

Name: _____ Relationship to child: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

What is the best way to contact you? _____

Local Emergency Contacts:

Name: _____ Relationship to child: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

Additional Emergency Contacts:

Name: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

Basic Health Information

Physician's Name: _____ Phone: _____

In the event of an emergency and neither you or your child's physician can be reached, where would you like your child taken? (Please name clinic or hospital): _____

Last Name:

Class:

Indicate any known allergies or intolerances:

Food: _____ Plants: _____ Drugs: _____
Insects: _____ Other: _____

Please explain reaction: _____

Is your child a vegetarian or vegan? _____

Has your child received the standard immunizations? _____

If not, please list those immunizations the child has not received: _____

Does your child have any restrictions in terms of preschool activities?

Does your child have any other medical, social, or behavioral conditions that our teachers and parents should be aware of? (Please give details and any suggestions so that we can better serve your child.)

PARENT'S CONSENT TO MEDICAL TREATMENT FOR CHILD

(All students must have this signed by a parent or guardian.)

I will take responsibility to see that my child is properly prepared for school activities including having proper clothes and being in good health.

In the case of a medical emergency, after every reasonable effort has been made to contact me, my child's physician, or one of the emergency contacts, I hereby give my permission to the physician secured by the adult in charge to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child. In the event any such treatment is not covered by Vashon-Maury Cooperative Preschool's insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

Signed: _____ Date: _____

Print Name: _____

Relationship to child: _____

VMCP does not discriminate against students on the basis of color, race, national or ethnic origin, religion or sex.

Please make your nonrefundable check payable to VMCP for \$50 and return to:

VMCP, P.O. Box 925, Vashon, WA 98070

REGISTRATION AGREEMENT

As a cooperative preschool, members work together to ensure a safe, positive learning environment for all of our families. For this reason, we expect each family to fulfill the following duties (further detailed in the preschool handbook)

Registration

A nonrefundable registration fee of \$50 shall be paid at the time of registration. This fee is not covered by scholarship funds and is the responsibility of the Co-op member.

Tuition

Tuition is due the last day of each month for the following month. A fee of \$5 will be assessed on all late payments. September tuition will be collected at the Orientation meetings.

Withdrawal During the School Year

The school must be given 30 days notice prior to withdrawal of a student. Otherwise, the member is responsible for tuition during that time period.

Job Responsibilities

1. Each member will work their assigned day and station in the classroom each week, and provide snack on a rotating basis. If the member is unable to attend, it is their responsibility to find a substitute. (the Toddler class is exempt from this requirement)
2. Each member shall attend all required Parent Meetings. These are parent-only meetings and the Co-op does not provide childcare; therefore, it is the responsibility of each member to find their own.
3. Each member will fulfill the duties of their Co-op job
4. All members shall assist in the cleaning of the Preschool at the end of the school year.

Fundraising Requirements

Each Co-op family will participate in auction fundraising activities, including holding an auction job position (in addition to a Co-op job) procuring a specified number of items and selling a specified number of tickets.

I have read the above policies and agree to comply with the terms as stated.

Signed: _____

Date: _____

Print Name: _____

Child's Name: _____

Class: _____