



# Northshore Cooperative Preschool ENROLLMENT CONTRACT 2020-2021

This Enrollment Contract (hereinafter Agreement) is entered into between the Parent(s) or Legal Guardian(s) (also referred to as Family or Families), and Northshore Cooperative Preschool (hereinafter NCP).

Please complete one enrollment contract per class in which your family wishes to enroll. Families enrolling multiple students in the same class can submit one agreement for that class.

<b>STUDENT(S)</b>		
1: First Name _____	Last Name _____	Age at Aug 31st: _____
2: First Name _____	Last Name _____	Age at Aug 31st: _____

<b>CLASS</b> (I/we) elect the following class:			
<input type="checkbox"/> <b>Inchworm Class:</b>	age 1 by Aug 31	Wednesday 12:30-2:15	\$60/month
<input type="checkbox"/> <b>Caterpillar Class:</b>	age 2 by Aug 31	Thursday and Friday 9:45-11:30	\$100/month
<input type="checkbox"/> <b>Ladybug Class:</b>	age 3 by Aug 31	Monday, Tuesday, Wednesday 9:45-12:15	\$150/month
<input type="checkbox"/> <b>Butterfly Class:</b>	age 4 by Aug 31	Monday, Tuesday, Thursday 12:30-3:00	\$165/month

<b>SIBLING(S) IN OTHER NCP CLASSES</b>		<i>(Please complete separate enrollment contracts for each class)</i>
1: First Name _____	Last Name _____	Class: _____
2: First Name _____	Last Name _____	Class: _____

<b>ADMIN ONLY</b>		Submission Date: ___/___/___ Time: ___:___ AM/PM	
Registration Fee	<input type="checkbox"/> Paid	Amount: \$ _____	Check # _____ Date: ___/___/___
Enrollment Contract	<input type="checkbox"/> Complete	<input type="checkbox"/> Signed	<input type="checkbox"/> Initialed <input type="checkbox"/> Tuition correct
Emerg/Medical Release	<input type="checkbox"/> Complete	<input type="checkbox"/> Signed	
LW Tech	<input type="checkbox"/> Complete	<input type="checkbox"/> Signed	<input type="checkbox"/> Provided to teacher Date: ___/___/___
Immunization	<input type="checkbox"/> Complete	<input type="checkbox"/> Signed	Exemption? Y / N <input type="checkbox"/> Complete <input type="checkbox"/> Signed

## FINANCIAL OBLIGATIONS

**Registration fee.** There is a **nonrefundable registration fee of \$50** for each child. This fee is only collected from families with a confirmed spot in a class.

**Tuition.** Monthly tuition for each class is listed above. Tuition for September is due by May 15<sup>th</sup> of the current year, or upon acceptance to the class (if registering after May 15<sup>th</sup>). Payment must be received by this date to continue to reserve your spot in the class until September. Beginning in September, tuition is paid one month in advance; due on the first of the month from September through April.

**Sibling Discount/Tuition.** Families enrolling more than one child receive a 15% discount in monthly tuition for each sibling (full tuition paid for the oldest child).

**Nannies/Caregivers.** Parents may choose to have a caregiver work on their behalf on their designated classroom work day. If a caregiver works in the classroom more than 30% of the time, families will be responsible for registering the caregiver with Lake Washington Technical College (LW Tech) and paying a quarterly fee of \$50 or \$150/year for the parent/caregiver education program. (The program runs for three quarters: Sep-Nov; Dec-Feb; and, Mar-May.)

**Late payment.** To remain in good standing, members must pay tuition by the 5<sup>th</sup> of each month. Late payments will be subject to a late fee of \$20.

**Tuition assistance.** Tuition assistance is available to families who need assistance covering tuition cost. Please contact our volunteer treasurer for more information at [treasurer@northshorecoop.org](mailto:treasurer@northshorecoop.org).

**Other expenses.** Members are responsible for the costs of occasional special events and/or off-site excursions.

## PARENT RESPONSIBILITIES

**Meetings & Orientations.** One parent must attend the class orientation and monthly parent education meetings. Members must submit a homework assignment to make-up for any absences.

**Work Day.** All members are required to assist the teacher in the classroom one session per week.

**Snack.** Members in the Caterpillar, Ladybug and Butterfly classes will supply snacks for his/her child's class on a rotating basis.

**Committee Job.** Each family is required to have a committee job that contributes to the operation of the classroom/school.

**Classroom Cleaning.** All members are required to participate in one evening or daytime preschool cleanup/changeover day.

**Fundraising.** All members must participate in the annual fundraiser. Participation includes purchasing or selling tickets, procurement of items, and help on or before the day of the fundraiser. Any family who chooses not to participate will be billed a \$150 opt-out fee.

**Transportation.** Members must provide their own transportation to off-site field trips.

## WITHDRAWAL AND LEAVE OF ABSENCE POLICIES

**Notice of withdrawal.** Any member desiring to drop his or her membership in the preschool must provide the school with a minimum of two weeks written notice to your Teacher. Tuition will not be refunded for any partial month of attendance.

**Leave of absence.** If your family must leave the co-op for an extended period at any time and you intend to return, please notify the school by completing a leave of absence form and giving it to your teacher. Families on leave must pay 50% tuition for each full month of absence in order to hold their child's spot in class.

## CLASSROOM POLICIES

**Respectful conduct.** Members will interact respectfully at all times. This includes being respectful of ideas, parenting practices, and diversity.

**Cell phone use.** While in the classroom, cell phones are to be used for pictures or emergencies only.

**Infants.** Any infant accompanying a working parent in the classroom must be carried in a front carrier or backpack at all times.

## DISCIPLINARY POLICY

If you find that circumstances are preventing you from being able to meet the membership responsibilities and school policies outlined above, please let your Class Coordinator and/or Teacher know so that we can work together to come up with a solution. If you fail to meet any of the responsibilities the following steps will be utilized:

- 1. Warning.** If obligations are not being met, your Coordinator or the Board Chair will approach you and ask how we can help.
- 2. Probation.** If obligations continue to not be met, the Class Coordinator and/or the Board Chair will talk with you in an effort to come up with solutions. At this point a probation period is in place.
- 3. Termination.** If obligations have continued to be ignored, then you may be notified that a membership at our preschool is not the best fit.

Families not meeting their obligations by the annual registration period may not be entitled to priority enrollment for the following school year.

## ENROLLMENT CHECKLIST

- Read through, complete, sign and date Enrollment Contract. Retain a copy of the Enrollment Contract for your records.
- Write your check to "NCP" for the Registration Fee.
- Turn-in Enrollment Contract, registration fee, Medical and Emergency Release, LW Tech, and Immunization forms.
- Pay first month's tuition on or before May 15<sup>th</sup>. (If enrolling after May 15<sup>th</sup>, submit tuition along with forms and fee.)

## AUTHORIZATIONS

Please read and initial the following statements regarding your child's enrollment at NCP.

I agree to pay tuition in a timely manner. My monthly tuition payment for the class this contract applies to will be:

Monthly tuition	minus	Sibling discount (if applicable)	equals	Monthly Total	
\$ _____	-	\$ _____	=	\$ _____	Initials _____

I agree to provide a responsible adult for a weekly class work shift, participate in parent meetings, provide snack for my child's class as scheduled, and participate in annual fundraising and cleaning work parties to maintain my co-operative preschool membership in good standing. I understand that an adult or adults from my family will be registered as students through Lake Washington Institute of Technology. I commit to participating in open and honest problem-solving discussions with my teacher and fellow classmates as needed.

Initials \_\_\_\_\_

In the event of an emergency, I hereby authorize that my child may be given emergency first-aid treatment by the co-op teacher or attending parent(s). I understand that the teacher will attempt to contact a parent using the emergency information listed on the Emergency Contact Form in case of an accident or illness. However, I agree that the teacher may request emergency medical care through 911 for my child at any time she deems it necessary.

Initials \_\_\_\_\_

I give permission for my child to attend cooperative preschool field trips. I will provide a responsible adult chaperone and transportation to and from all field trips my child attends.

Initials \_\_\_\_\_

I give permission for my child to be photographed in scheduled preschool activities. Such photographs may be used by NCP for publicity or educational purposes. At no time will photos be used with identifying information in a public forum.

Initials \_\_\_\_\_

If you prefer **NOT** to have your child's picture published please initial here: \_\_\_\_\_

I understand that Northshore Cooperative Preschool is not responsible for any damage to or loss of my personal belongings.

Initials \_\_\_\_\_

**Signature.** I have read and understand all the school policies and responsibilities of membership at NCP, as well as the disciplinary policy that will be utilized if responsibilities are not met.

\_\_\_\_\_  
PRINT Parent/guardian name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Submitting Forms.** During the annual registration period in January/February, enrollment forms and checks can be dropped off at the preschool. At all other times, forms may be mailed to: **Northshore Cooperative Preschool, 18515 92<sup>nd</sup> Ave NE, Bothell, WA 98011.** If mailing, please notify Registrar by email: [registrar@northshorecoop.org](mailto:registrar@northshorecoop.org)