



Enrollment Checklist

Completed
by Member

Received
by ACP

Forms to Be Completed

| | | |
|--|--|--|
| | | Consent for Medical Treatment |
| | | Physician's Report –Section A |
| | | Physician's Report –Section B |
| | | Child's Pre-Admission Health History |
| | | Identification and Emergency Information |
| | | Notification of Allergies/Reactions |
| | | Statement of Good Health by Participating Adults |
| | | Notification of Parent's Rights (return bottom portion only) |
| | | Personal Rights (return bottom portion only) |
| | | Consent to be Photographed |
| | | Membership Contract |
| | | Preschool Parent Questionnaire |
| | | School Manual Acknowledgment (distributed at Orientation) |

Documents to be Submitted

| | | |
|--|--|--|
| | | Copy of Child's Immunization Record |
| | | TB Test Results for ALL working adults |
| | | Copy of Working Adult's Immunization Record (or Blood Titer) |
| | | Proof of Influenza Vaccination (or signed declination statement) |

Enrollment Checklist (cont.)

Completed
by Member

Received by
ACP

Other Requirements

| | | |
|-------|-------|---|
| _____ | _____ | Registration Fee |
| _____ | _____ | Working Parent Background Check Fee |
| _____ | _____ | Sign-Up for Parent Job |
| _____ | _____ | Sign-Up for Clean-Up Day |
| _____ | _____ | Bring a change of clothing for your child |

CONSENT FOR EMERGENCY MEDICAL TREATMENT Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Atascadero Cooperative Preschool TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE
CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

() -
HOME PHONE

() -
WORK PHONE

() -
CELL PHONE

PHYSICIAN'S REPORT-CHILD

CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH
EVALUATION)

PART A - PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____ born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

ATASCADERO COOPERATIVE PRESCHOOL. This Child Care Center/School provides a program which extends from
(NAME OF CHILD CARE CENTER/SCHOOL)

9:00 a.m. to 12:30 p.m. 2 or 3 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B - PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral

concerns): Comments

Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | |
|---|--------------------------|-----|-----|-----|-----|
| | 1st | 2nd | 3rd | 4th | 5th |
| POLIO (OPV OR IPV) | / / | / / | / / | / / | / / |
| (DIPHTHERIA, TETANUS AND DTP/DTaP/ DTITd [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) | / / | / / | / / | / / | / / |
| (MEASLES, MUMPS, AND RUBELLA) MMR | / / | / / | | | |
| (REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B) | / / | / / | / / | / / | |
| HEPATITIS B | / / | / / | / / | | |
| VARICELLA (CHICKENPOX) | / / | / / | | | |

SCREENING OF TB RISK FACTORS (list below)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented) .
- Communicable TB disease not present.

I have _____ have not _____ reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____
 Address: _____ Date This Form Completed: _____
 Telephone: _____ Signature: _____
 _____Physician _____Physician's Assistant _____Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

Have a family member or contacts with a history of confirmed or suspected TB.

Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America). Live in out-of-home placements.

Have, or are suspected to have, HIV infection. Live with an adult with HIV seropositivity.

Live with an adult who has been incarcerated in the last five years.

Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.

Have abnormalities on chest X-ray suggestive of TB. Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT

| | | |
|--|--|------------|
| CHILD'S NAME | SEX | BIRTH DATE |
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME | DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? | DATE OF LAST PHYSICAUMEDICAL EXAMINATION | |

DEVELOPMENTAL HISTORY (**For infants and preschool-age children only*)

WALKED AT _____ MONTHS BEGAN TALKING AT _____ MONTHS TOILET TRAINING STARTED AT _____ MONTHS

PAST ILLNESSES -Check illnesses that child has had and specify approximate dates of illnesses:

| | DATES | | DATES | | DATES |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox | | <input type="checkbox"/> Diabetes | | <input type="checkbox"/> Poliomyelitis | |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Ten-Day Measles (Rubeola) | |
| <input type="checkbox"/> Rheumatic Fever | | <input type="checkbox"/> Whooping cough | | <input type="checkbox"/> Three-Day Measles (Rubella) | |
| <input type="checkbox"/> Hay Fever | | <input type="checkbox"/> Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? YES NO HOW MANY IN LAST YEAR?

LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (**For infants and preschool-age children only*)

What time does child get up? _____ What time does child go to bed? _____ Does child sleep well? _____

Does child sleep during the day? _____ When? _____ How long? _____

Diet pattern:

What does child usually eat at these meals?

What time do meals usually occur?

Breakfast:

Breakfast:

Lunch:

Lunch:

Dinner:

Dinner:

Any food dislikes?

Any eating problems?

| | | | |
|--|-------------------------|--|----------------------|
| IS CHILD TOILET TRAINED?• | IF YES, AT WHAT STAGE:• | ARE BOWEL MOVEMENTS REGULAR?* | WHAT IS USUAL TIME?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| WORD USED FOR "BOWEL MOVEMENT"•• | | WORD USED FOR URINATION* | |

PARENT'S EVALUATION OF CHILD'S HEALTH

| | | | |
|---|-------------------------|---|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ___ YES ___ NO | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ___ YES ___ NO | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| DOES CHILD USE ANY SPECIAL DEVICE(S): ___ YES ___ NO | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ___ YES ___ NO | IF YES, WHAT KIND: |

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING PRESCHOOL PLACEMENT

PARENT'S SIGNATURE

DATE

**IDENTIFICATION AND EMERGENCY
INFORMATION CHILD CARE
CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

CHILD'S NAME LAST MIDDLE FIRST SEX TELEPHONE NUMBER

ADDRESS NUMBER STREET CITY STATE ZIP BIRTHDATE

FATHER/GUARDIAN/DOMESTIC PARTNER'S NAME
LAST MIDDLE FIRST

HOME NUMBER () -

HOME ADDRESS NUMBER STREET CITY STATE ZIP

CELL NUMBER () -

WORK NUMBER () -

MOTHER/GUARDIAN/DOMESTIC PARTNER'S NAME
LAST MIDDLE FIRST

HOME NUMBER () -

HOME ADDRESS NUMBER STREET CITY STATE ZIP

CELL NUMBER () -

WORK NUMBER () -

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|-----------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

___ CALL EMERGENCY HOSPITAL ___ OTHER EXPLAIN _____



NOTIFICATION OF ALLERGIES / REACTIONS

My child, _____,

_____ does not have any known allergies and/or reactions

_____ has the following allergies and/or reactions:

STATEMENT OF GOOD HEALTH BY PARTICIPATING PARENT

I hereby state that I, and my child, are in good general health and free from communicable diseases which would adversely affect persons to be served and be physically, mentally, and occupationally capable of performing assigned tasks.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Other Working Adult: _____ Date: _____

Other Working Adult: _____ Date: _____

Reporting Diseases:

Any working parent and/or child with a communicable disease should advise the Director/Teacher as soon as possible.

Examples of Communicable Diseases (Including but not limited to):

Mumps Measles
Whooping Cough
Scarlet Fever
Hepatitis
Tuberculosis
Streptococcal Infections
Pink Eye (Conjunctivitis)

Chicken Pox
Pin Worms
Skin Diseases (for ex.
Scabies, Impetigo)
Head Lice
H1N1 Flu Virus
Fifths Disease

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.
Licensing Office Name: State Department of Social Services, Community Care Licensing

Licensing Office Address: 360 S. Hope Avenue, #C-105, Santa Barbara, CA 93105

Licensing Office Telephone #: (805) 682-7647
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.megsncslsw.cs.gov

• _____ UC 995 (9/08) _____ (Detach Here - Give Upper Portion to Parents) _____

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Atascadero Cooperative Preschool

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclcd.cagv/contact.htm>

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Santa Barbara Regional Office

ADDRESS

6500 Hollister Ave., Suite 200, MS 29-09

| | | |
|--------------------|-----------------------|---|
| CITY Goleta | ZIP CODE 93117 | AREA CODE/TELEPHONE NUMBER (805) 562-0400 |
|--------------------|-----------------------|---|

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



Atascadero Cooperative Preschool

License No. 401700015

Established in 1963

Consent to be Photographed

Dear Families,

Taking and sharing pictures is one of the ways we can remember the exciting things your child and your family have experienced this year with the Atascadero Co-op. Along with our web site and an on-line group photo room used to create our year books, we also utilize Facebook as a way to share the exciting activities your child is involved in. As you are likely aware, Facebook allows you to control your privacy settings so information can be shared with only those you chose. We encourage you to check your privacy settings and we ask that you use caution when posting and tagging both the preschool and other children. For the safety of all our children we have turned off the tagging features on our wall so only administrators for the page can post photos and individual children cannot be tagged. When sharing preschool photos on your own wall, we ask that you check with families before using the tagging feature and use caution when tagging the preschool.

Thank you and please let us know if you have any questions or would like additional information.

Please sign and date that you acknowledge and agree to the above information:

Signed: _____ Date: _____

Please sign if you give your consent for your child's photo to be used on the web site (www.atascooppreschool.com), Facebook page or in the press. Names will never be shared without your consent.

Signed: _____ Date: _____

Please sign if you DO NOT give your consent for your child's picture to be used on the web site, Facebook page or in the press.

Signed: _____ Date: _____



Atascadero Cooperative Preschool

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Membership Contract

Child's Name: _____

Class Days: _____ School Year: _____ Start Date: _____

Monthly Tuition:

Pre- 3 Classes

M-W or W-F class (2.5-3 yrs old) *optional 3rd day see Pre-K pricing

*** One time materials fee of \$30.00 due with first month's tuition**

Level A \$214.00

Level B \$233.00

Level C \$265.00

Level D \$417.00 (Level D spots are limited and require Director approval)

*Prorated Tuition (if applicable): _____

Pre-K Class or 3 day Pre-3 class

MWF class (4-5 yrs old) or MWF class (2.5-3 yrs old)

*** One time materials fee of \$45.00 due with first month's tuition**

Level A \$320.00

Level B \$347.00

Level C \$387.00

Level D \$560.00 (Level D spaces are limited and require Director approval)

*Prorated Tuition (if applicable): _____

After School Care

Days of requested care: Monday Wednesday Friday

Pricing: \$600 per month for 4.5 hrs x 3 days each week

\$400 per month for 4.5 hrs x 2 days each week

** If you need less than full afternoon care, we will adjust price accordingly

*See Handbook for complete Schedule of Fees

Each family at Atascadero Cooperative Preschool is responsible for the following, but not limited to:

1. Classroom Work Days

- Between 0-5 days per month, not including emergency days.
- Your workday begins at 8:45am and ends at approximately 12:45pm.
- If unable to work you must arrange a trade with another family.
- *A “No Show” fee of \$50 will apply if you do no work on your scheduled day and prior arrangements are not made.

2. General Meetings

- There are three mandatory meetings and one orientation (dates to be announced at orientation).
- Attendance will be taken at each meeting and at least one **working** parent needs to be present or result in a “No Show” fee of \$50.

3. Fundraisers

- Each family is required to participate in all fundraising events throughout the school year or be subject to a non-participation fee as well as additional fees determined by the Board of Directors.
- Each family is required to raise a minimum of \$500.00 per school year.
- Fundraisers for the 2023-2024 school year will include Science Day, The Polar Express movie event and two other fundraisers (Twisted and Glazed, BBQ, Casino Night, etc.).
- Each family is required to sell tickets for the Polar Express and Science Day and any additional job duties assigned to your family for the event (i.e. sell additional tickets, advertising, or working the day of the event).

*Please reference your ACP Manual or speak with the Director or President regarding possible “buy-out” options regarding fundraising expectations.

4. Routine Maintenance

- Each family is obligated to sign up for 1 or 2 “Clean-up” days per school year depending on level of participation.

*Missed work days will be subject to a “No show” fine of \$75

5. Parent Job

- Each family will be required to perform a job duty for the school year.
*Reference ACP Manual for a list of parent jobs available
- If unable to complete your job in a given week (ie. illness, vacation), arrangements should be made with another family.

* Uncompleted jobs will result in a fine of \$50 for the month

Please reference your ACP Manual for more information regarding these expectations.

I understand that if my family fails to comply with the above requirements in addition to the "Standing Rules," we will be asked to resign from the school.

Signature: _____ Date: _____

Director: _____

President: _____



Atascadero Cooperative Preschool

License No. 401700015

Established in 1963

Parent Questionnaire

Child's Name: _____

Class: Pre-K or Preschool 3

1. How does your child feel about going to preschool?
2. What special interests and favorite activities does your child have?
3. Any problems with pregnancy/delivery with your child that you think might be beneficial for me to know?
4. Does your child have any special problems, fears, allergies, or needs?
5. Have there been any sudden upsetting experiences affecting your child? (e.g. illness, death, new baby...)



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Important Dates:

Wednesday,, August 23rd, 2023:

Orientation

6:00p.m. to 8:00 p.m. (No children in attendance)

- You must attend orientation in order for your child to attend school.
- All working parent(s) or family member(s) must attend. If someone other than the parent is working in the class, they must attend with a parent or they will not be allowed to work in the classroom.
- All outstanding paperwork, fees, and immunizations are due.

August 26th, 2023:

Mandatory Clean-up Day

9:00 a.m. to 12:00 p.m. (No children in attendance)

- Each family is required to attend ONE or TWO Clean-up Days depending on your level of participation. There will be three date choices throughout the school year. This is the first date. Sign up at orientation.

Wednesday, August 30th, 2023:

Lemonade Day

10:00 a.m. to 11:30 a.m.

- This is a special day for your child to meet Ms. Tori, spend time at the school, get their picture taken for their cubby, and enjoy lemonade with friends.

Wednesday, September 6th, 2023:

First Day of School

9:00 a.m. to 12:30 p.m.



Atascadero Cooperative Preschool

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PARENT JOB ASSIGNMENT CHOICES



Name: _____

Class: _____

Choose your top **three** choices, indicating first choice with a 1, second choice with a 2, and so on. One of your choices must be a job assignment that is highlighted in Red as these are priority positions. (Please see attached or manual for job descriptions.)

_____ Emergency Preparedness

_____ Fundraising Committee

_____ Gardening

_____ General Maintenance

_____ Housekeeping

_____ Laundry

_____ Memory Books

 Monthly Scheduler

_____ Parent Board of Directors Position

_____ Teacher's Helper

_____ Window Washer



Parent Job Assignments

Emergency Preparedness: Maintains Emergency Preparedness shed, and all smoke detectors/carbon monoxide detectors. Test smoke detectors/carbon monoxide detectors every October and April. Works with director to ensure we are compliant with State Licensing requirements for Disaster Preparedness.

Fundraising Committee: (1-2 parents from each class): Assists fundraising supervisor in organizing fundraisers for the preschool. This job includes attending monthly fundraising meetings, coordinating order forms, and planning work for large events prior to the event.

Gardening: Responsible for working with teacher on the garden boxes. Purchases plants and/or seeds and helps maintain the garden boxes. (4 boxes in backyard and the front window boxes.) The garden boxes are part of the curriculum for the children and are separate from Landscaping Maintenance. Once a week, turn the compost.

General Maintenance: Responsible for performing minor maintenance tasks around the school as directed by the Board of Directors and assisting the Landscape/Maintenance Director with finding qualified help for larger maintenance tasks as needed.

Housekeeping: Sanitizes toys/materials and deep cleaning of school once monthly as instructed by Director.

Laundry: Must have basic sewing skills. Takes home dirty laundry **weekly** and returns it fresh and clean. Also, takes home all dress up clothes **over one weekend in the middle of every month** to wash, fix rips, and check for safety hazards, etc.

Memory Books: (One parent from each class) Must have computer/internet access and digital capability. Maintains a simple memory book for each child. (Coordinate with teacher as to the contents of the book. It will include pictures, artwork, class dictations, etc.)

Monthly Scheduler: (One parent from each class) Makes a sign up calendar for working parents for each month. Puts the sign up calendar out at least 2 weeks before the 1st of the month and lets each family know how many working, snack, and emergency days to sign up for. Keep a running total of working, snack, and emergency days in order to keep everyone working the same amount of days. Makes sure that all parents have signed up to work by the 25th. Makes a copy, and distributes completed calendar to all parents in the class on the 1st working day of each month. Posts a copy of working calendar on clipboard on porch by the 1st working day of each month. Gives a copy of calendar to the Teacher.

Parent Board of Directors Position: Join the ACP Board of Directors in an open position. All positions include: President, Vice President, Secretary, Treasurer, Purchaser, Fundraising Supervisor and Maintenance Supervisor. See Director or current Board President for open positions.

Teacher's Helper: Replace drinking water when empty. Make playdough monthly as instructed by teacher. Helps teacher with various responsibilities. (i.e. organize art areas, cutting out projects, sewing, setting up school, etc.)



WORKING PARENT IMMUNIZATION REQUIREMENTS

CCL requires that **ALL** working adults in our program show proof of the following immunizations:

- Measles (**MMR**)
- Pertussis/whooping cough (**Tdap**)
- and Influenza

You are allowed to sign a statement stating that you have declined to be vaccinated against the flu but the other two are required to work in the classroom.

You can get the proof in the following ways:

- Make a photocopy of your immunization record
- Ask your medical provider to take a blood titer test to show that you are immune to measles (**MMR**) and pertussis/whooping cough (**Tdap**)
- If you decline to get the flu shot you may sign and return the bottom portion of this page

DECLINATION OF THE INFLUENZA VACCINATION

I hereby declare as a working adult at the Atascadero Cooperative Preschool that I am choosing to decline the flu vaccination for the 2018-2019 school year.

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____