



Stowe Co-Operative
Nursery School

ENROLLMENT PACKAGE



Stowe Co-op Admission Form

Child's Complete Name _____ Date of Birth _____

Mailing address _____ Home Phone _____

E-Mail Address _____ Cell Phone _____

Father's Full Name _____ Employer _____

Work Address _____ Work Phone _____

Mother's Full Name _____ Employer _____

Work Address _____ Work Phone _____

If neither parent can be reached at the numbers listed above, please list two emergency contacts (local if possible):

1. Name _____ Phone _____

Address _____ Relationship _____

2. Name _____ Phone _____

Address _____ Relationship _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Please list any allergies, medications frequently taken, special dietary needs, or any other special needs the teacher should be aware of:

In the event your child becomes ill or injured, do you give permission for the Stowe Co-op staff to seek emergency medical care if necessary?

Yes No

Comments _____

Do you give permission for your child to take part in field trips or excursions under proper supervision and following all laws and regulations listed in the Stowe Co-op Handbook?

Yes No

Comments: _____

Which days will your child attend Preschool (8:00am - 1:00pm) M T W Th F

Which days will your child use morning and/or afternoon Daycare

M (am or pm) T (am or pm) W (am or pm) Th (am or pm) F (am or pm)

Will you be PARTICIPATING or NON-PARTICIPATING?

Signature of Parent or Guardian _____ Date _____

ATTENTION: A copy of your child's immunization records must accompany this form. You must give written permission for the Co-op to give your child any medications, transport your child, or allow anyone other than yourself to pick up your child.

The Stowe Co-Operative Nursery School does not discriminate on the basis of sex, national origin, religion, disability, or sexual orientation.



Character References

For any family planning to participate, you must provide the school with three character references.

1. _____ is a qualified and caring parent and is emotionally stable and responsible in working with preschool children under the guidance of the teacher.

Signature _____

Name and Address _____

-
2. _____ is a qualified and caring parent and is emotionally stable and responsible in working with preschool children under the guidance of the teacher.

Signature _____

Name and Address _____

-
3. _____ is a qualified and caring parent and is emotionally stable and responsible in working with preschool children under the guidance of the teacher.

Signature _____

Name and Address _____



Statement of Understanding

(For all participating parents)

I certify that I have not been found to have abused or neglected a child in any way, nor have I been convicted of any offense(s) involving violence or inappropriate behavior with children. I understand my obligation as a childcare worker in the State of Vermont to report any suspicion of child abuse or neglect to the Department of Social and Rehabilitation Services.

Further, I certify that I have read, understand, and agree to comply with all center policies and procedures regarding child discipline, health, and safety.

I understand that my falsification of this document may result in disciplinary action and/or loss of employment.

Signature of Parent or Guardian _____ Date _____



Child's Immunization Record

Child's Name _____ Date of Birth _____

This form is up-to-date with the immunizations currently required for childcare. It may be copied and used to gather information for individual children for your records. Information for each immunization must show the day, month, and year when it was received.

| Vaccine | 2 mos. | 4 mos. | 6 mos. | 12 mos. | 15 mos. | 4/6 years |
|--------------------|----------------|--------|--------|---------|---------|-----------|
| DtaP, DTP, or DT | | | | | | |
| Polio IPV or OPV | | | | | | |
| MMR | XXXXXXXXXXXXXX | | | | | |
| HIB | | | | | | |
| Hepatitis B* | | | | | | |
| PCV 7* | | | | | | |
| Varicella Vaccine* | | | | | | |

*Recommended but not required.

Children suffer needlessly from disease that can be prevented by immunization. Measles, for example, can damage a child's hearing or vision, cause retardation, and even death. In the interest of your child's health and the health of other children at your childcare facility, parents must provide proof that their child is protected.

Vermont childcare regulations require that each child enrolled in childcare must be immunized appropriate to age for DTP, Polio, Measles, Mumps, Rubella, and HIB. However, no child is required to be immunized if immunizations are medically contraindicated or against a family's religious or moral beliefs.

I certify that the child named above has had the above immunizations.

Print physician's or nurse's name _____

Signature of physician or nurse _____ Date _____



Parent Skills

One of the key strong points of the Co-op is the parental involvement and the voluntary commitment made by each parent. To help us best utilize your time, we would like to find out your preferences and skills before we ask you to participate in an activity. Kindly take a few moments to complete the form below. Please indicate who in the family has the expertise so we can avoid any confusion.

Your Name: _____

Areas of Expertise _____

Please insert parent's initials in box or place an X for both parents.

Please also fill in where we left blanks.

| | |
|----------------------------------|--|
| _____ Athletic Instruction: | _____ |
| _____ Carpentry | _____ |
| _____ Cooking (kiddy favorites) | _____ |
| _____ Dance: | <input type="checkbox"/> ballet <input type="checkbox"/> jazz <input type="checkbox"/> hip hop <input type="checkbox"/> other: _____ |
| _____ Drawing/sketching | _____ |
| _____ Gardening | _____ |
| _____ Graphic Design | _____ |
| _____ Gymnastics | _____ |
| _____ "Handy" skills: | _____ |
| _____ Lead singing for a class | _____ |
| _____ Murals | _____ |
| _____ Painting | _____ |
| _____ Play an Instrument | _____ |
| _____ Other musical skills: | _____ |
| _____ Plumbing | _____ |
| _____ Science Instruction | _____ |
| _____ Sewing | _____ |
| _____ Sign language | _____ |
| _____ Speak another language: | _____ |
| _____ Video Production | _____ |
| _____ Web Development | _____ |
| _____ Other Internet Experience: | _____ |
| _____ Writing/editing | _____ |
| _____ Other print media skills: | _____ |
| _____ Other: | _____ |
| _____ Other: | _____ |



Parental Agreement

I have read the Stowe Co-op Nursery School website in full and agree to follow each procedure as outlined. I understand and agree to the Policies section, Grievance and Dismissal policy, payment policy, sick and snow day procedure, Parent Committee requirements, Parent of the Day requirements, and any fines that will be assessed as a result of not following the procedures.

Signature of Parent _____ Date _____