



# Anchorage Cooperative Preschool

3031 LaTouche Street, Anchorage, AK 99508

Tel: 907-279-0923 [www.acpre.org](http://www.acpre.org)

Email: [coordinator@acpre.org](mailto:coordinator@acpre.org)

Where families and children learn together

## APPLICATION FOR ENROLLMENT – 2017/2018

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Child's Sex: \_\_\_\_\_

Parent's/Caregiver's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please **circle the tuition** of the program(s) and level desired for the 2017/2018 school year:

**Level I** = member works inside/outside the classroom an average of **15 hours per semester**.

**Level II** = member works inside/outside the classroom an average of **5 hours per semester**.

*\*Full Day does double Volunteer Hours*

*\*All levels provide snack 6 times a semester*

Program Tuition Levels			
Program	Days & Times	Level I	Level II
3- Day Half Day	M/W/F 9:00-11:30 AM or M/W/F 12:30-3:00 PM	\$180	\$260
3- Day Full Day	M/W/F 9:00-3:00 PM	\$405	\$565

**Registration Fee: \$75**

**Supply Fee: \$25 per class**

**Cleaning Fee: \$100**

**Please initial**

I understand that in accordance with state law and preschool policy my child's current school <b>physical form</b> and <b>immunization records</b> (or exemption) must be on file at the preschool before attending.	
I understand that the preschool is a cooperative, meaning that one member from <b>each family works</b> (assists the teachers) in the classroom monthly based on the level chosen.	
I understand that one member of each family participates in <b>four one-hour cleaning session</b> during the school year. Once completed, the \$100 cleaning deposit is returned in full to the family.	
I understand that each family will <b>provide snack</b> for their child's class 6 times during the school year.	
I understand that exact tuition rates will be based on choices of enrollment. <ul style="list-style-type: none"> <li>Tuition will be invoiced online and due by the 5th of the month.</li> <li>A \$25 late fee will be assessed after the 10th of the Month.</li> </ul>	
Before school begins, I am responsible for paying: <ul style="list-style-type: none"> <li>The registration and supply fee according to what classes I register my child for.</li> <li>First and last month's tuition</li> <li>\$100 refundable cleaning deposit</li> </ul>	

Parent/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

*Anchorage Cooperative Preschool does not discriminate on the basis of sex, creed, color, or religion. We are an equal opportunity employer.*



# Anchorage Cooperative Preschool

3031 LaTouche Street, Anchorage, AK 99508

Tel: 907-279-0923 [www.acpre.org](http://www.acpre.org)

## Enrollment Paperwork Checklist

Application for Enrollment	
Emergency Contact Form	
Membership Contract	
Photo Release	
Billing Information	
Family Questionnaire	
Immunization Record	
Annual Physical	
Topical Product Release	
Medication Consent <ul style="list-style-type: none"><li>• <i>If necessary</i></li></ul>	



# Anchorage Cooperative Preschool

3031 LaTouche Street, Anchorage, AK 99508

Tel: 907-279-0923 [www.acpre.org](http://www.acpre.org)

## Membership Contract

This agreement of membership is made between the Anchorage Cooperative Preschool, the address of which is 3031 LaTouche Street, Anchorage, AK 99508, (hereafter referred to as the Preschool) and Names of Person(s) filing out this form (hereafter referred to as the member): \_\_\_\_\_

**Children Registered** – The following child(ren) is(are) registered in the Preschool’s program:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please list parents, grandparents or other caregivers who will be working in the Preschool on a regular basis.

\_\_\_\_\_

Have you or any of the above named people ever been convicted of a felony and/or is there anything that would prevent you or them from working with children?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, then please explain: \_\_\_\_\_

\_\_\_\_\_

1) **Cooperative** - Member understands that the Preschool is an organization whose successful operation depends on the full participation and sharing of responsibilities by all Members. There is a \$75 non-refundable registration fee and a \$25 non-refundable supply fee per child per class enrolled. Upon acceptance into the program, and before children can be admitted, Member agrees to provide the following forms:

- 1) A current school physical form for participating children
- 2) A current immunization record, or notarized exemption form
- 3) Emergency Child Report Form
- 4) Signed Membership Contract
- 5) Application for Enrollment
- 6) Confidential Family Questionnaire
- 7) Medical Administration and Consent Form (if applicable)
- 8) Payment in advance of tuition for the first and last months of school (August, May)

2) **Resignation** - Member agrees to give at least two weeks written notice to the Registrar and Coordinator when resigning from the preschool and pay tuition through the end of those two weeks. A member who resigns shall follow all procedures as documented in the Preschool Handbook.

3) **Other Rules** - Member agrees to abide by the By-Laws and Rules and Procedures of the Preschool as set forth in the Handbook. (Amendments to the By-Laws are discussed and brought to a vote by the entire membership).

**Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by the undersigned Member(s)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature



*Anchorage Cooperative Preschool*

3031 LaTouche Street, Anchorage, AK 99508

Tel: 907-279-0923 [www.acpre.org](http://www.acpre.org)

## **Photo Release Authorization**

Child's Name \_\_\_\_\_

I give authorization to Anchorage Cooperative Preschool to publish in print or electronic format the photograph of my child for marketing use such as the preschool website, newsletter, yearbook or other promotion material. I release all claims against ACP with respect to copyright ownership and will make no request for compensation.

Printed Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



# Anchorage Cooperative Preschool

3031 LaTouche Street, Anchorage, AK 99508

Tel: 907-279-0923 [www.acpre.org](http://www.acpre.org)

## Billing Information

**Level I** = member works inside/outside the classroom an average of **15 hours per semester**.

**Level II** = member works inside/outside the classroom an average of **5 hours per semester**.

*\*Full Day does double Volunteer Hours*

*\*All levels provide snack 6 times a semester*

Program	Days & Times	Level I	Level II
3- Day Half Day	M/W/F 9:00-11:30 AM or M/W/F 12:30-3:00 PM	\$180	\$260
3- Day Full Day	M/W/F 9:00-3:00 PM	\$405	\$565

**Registration Fee: \$75**

**Supply Fee: \$25 per class**

**Cleaning Fee: \$100**

**Monthly Tuition:** \_\_\_\_\_

**Volunteer Hours:** \_\_\_\_\_

**First Work Day:** \_\_\_\_\_

	Amount	Date Paid
August/May Tuition		
Registration Fee	\$75	
Supply Fee		
Cleaning Fee	\$100	
Snack Waiver		

## Office Tasks

Task	Date	Initials
QBO Customer account created		
Reoccurring invoice/sales receipt created		
Credit card information inserted (autopay only)		
Information uploaded to tuition tracking sheet		



## Confidential Family Questionnaire

Child's Name: \_\_\_\_\_ Child's age: \_\_\_\_\_

Adult completing this form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

1. Who is in your family? List people and their relationship including family, close friends, pets, etc. Indicate those who live with your child.
2. Are you child's play habits a concern for you?
3. Does your child have any food or other allergies or sensitivities?
4. Does your child need help using the bathroom? \_\_\_\_\_ If yes, please explain:
5. How do you describe your child?
6. How did you hear about our program and why did you select Anchorage Cooperative Preschool?
7. Please add any other information you think would help us to understand your family and your child.