



Children's Co-Op Preschool
Larrabee Building
1409 18th St., Bellingham, WA 98225
(201) 564-4227
bhamchildrenscooppreschool@gmail.com
www.childrenscooppreschool.com

Registration Checklist

Your child's registration at CCP will not be complete until the following have been received:

Please mail:

- A completed Registration Form (pg 2-7 of this packet).
- Washington State Department of Health Certificate of Immunization Status Form - Before a student can be enrolled, parents must provide proof of full immunization, proof that a schedule of immunization has been started or a certificate of exemption. By state policy, we cannot accept doctor office print outs, they must be the forms provided by WA DOH.
- Registration and Supply Fee | Non-Refundable Check:
 - \$145.00 (Preschool/Pre-K/Multi-Age)
 - \$75.00 (Parent/Child)

Mail To:

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Helpful Notes/Tips

- Enrollment is filled on a first come/first serve basis. To best secure your child's spot, please make sure your entire Registration Packet is complete.
- A (\$145 - Preschool/Pre-K/Multi-Age or \$75 - Parent/Child) non-refundable registration/supply fee must accompany each completed application.
- Enrollment is a 9-month commitment. The school year runs from mid-September to the end of May.
- As an affiliate of Whatcom Community College, parents are automatically enrolled in a 3 credit, 100 level WCC parenting class. Class fees are included in the preschool tuition. In return you receive student benefits and use of all WCC facilities. No additional forms are needed for WCC at this time.



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CHILD'S NAME: _____ SCHOOL CLASS NAME: _____

1. List child's previous group experience:

2. What activities does your child enjoy?

3. What concerns do you have about your child that his/her teacher should know?

4. What do you enjoy most about your child?

5. What brought you to the Children's Co-Op Preschool?

6. List 3 goals for your child for this school year.

7. Brothers and sisters/other children at home

Name	Relationship	Age

8. Optional: Other people residing in your home

Name	Relationship

9. Do you foresee any situation that will interfere with your ability to participate in co-op activities during the school year?

Parent Job Preference (Preschool/Pre-K/Multi-Age)

**Parent/Child Class will be asked to help assist with tasks as needed by the Teacher on a rotating schedule (no need to fill out this portion; it will be discussed during Orientation).*

Please check your top **TWO** job choices below. We will do our best to match you to your preference, but it is not always possible. Most parent jobs have a time commitment average of 3-5 hours per month. Positions subject to change.

Preschool Class

- Room Parent - teacher's assistant - cutting, copying, laundering, special projects, etc.



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- Field Trip Coordinator - plan class field trips
- Substitute - fill in as lead teacher if needed
- Board Member - CCP president, vice-president, treasurer, assistant treasurer, secretary
- Scheduler - organize and post parent volunteer days calendar
- Registrar - process registration
- Fundraising - coordinate and organize annual CCP fundraising
- Supplies - purchase supplies as needed
- Goodwill / Food Drive - organize two food/diaper drives throughout the school year
- Open House Coordinator - coordinate the annual CCP open house
- Classroom Celebrations - organize classroom celebrations
- Book Order - coordinate the Scholastic Book Orders

Pre-K Class

- Room Parent | Alphabet Books - cutting, copying, special projects, etc.
- Room Parent | Playdough - making the monthly batch of playdough
- Field Trip Coordinator - plan class field trips
- Substitute - fill in as lead teacher if needed
- Board member - CCP president, vice-president, treasurer, assistant treasurer, secretary
- Scheduler - organize and post parent volunteer days calendar
- Fundraising - coordinate and organize annual CCP fundraising
- Risk Management - ensure all safety measures are in place throughout the year
- Parent meeting set-up - set up snacks and chairs for monthly parent meeting
- Laundry - clean dirty cleaning cloths weekly
- Open House Coordinator - coordinate the annual CCP open house
- Classroom Celebrations - organize classroom celebrations

Multi-Age Class

- Room Parent - teacher's assistant - cutting, copying, laundering, special projects, etc.
- Field Trip Coordinator - plan class field trips
- Substitute - fill in as lead teacher if needed
- Board Member - CCP president, vice-president, treasurer, assistant treasurer, secretary
- Scheduler - organize and post parent volunteer days calendar
- Registrar - process registration
- Fundraising - coordinate and organize annual CCP fundraising
- Tuition clerk - record tuition payments for all classes
- Parade - organize Ski to Sea parade participation
- Goodwill / Food Drive - organize two food/diaper drives throughout the school year
- Classroom Celebrations - organize classroom celebrations
- Open House Coordinator - coordinate the annual CCP open house
- Website/Facebook - manage any updates and improvements to the CCP Website and Facebook Page

Parent Education Agreement (Preschool/Pre-K/Multi-Age)

*Parent/Child Class will have a separate Parent Education Agreement that will be reviewed during Orientation.

Child's Name: _____ Birthday: _____

I wish to participate in the Children's Co-Op Preschool. I have read and agree to the following:

1. I will participate in the classroom as a parent volunteer as required. If I can not participate, I will arrange for a substitute.



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2. I will hold a board position or other parent job that has a time commitment average of 3-5 hours per month.
3. I will attend monthly parent education classes held the first Tuesday of each month (6:15-7:45pm).
4. I will read and abide by the handbook, rules, and bylaws of the school. I understand that this requires me to participate in the operations of the school.
5. I will complete a health statement, immunization records and sign an emergency medical release form.
6. I will participate in fundraising activities.
7. I agree to pay tuition for expenses whether or not my child attends every day. I agree to pay full tuition, 9 payments of \$_____. Tuition is due on the first day of the month and late after the 5th. After the 5th, a \$15.00 late fee will be charged. A \$15.00 fee is assessed for returned checks.
8. I agree to give 30 day written notice to the Registrar if I choose to withdraw my child prior to the end of the school year. (see detailed tuition refund policy in Parent Handbook.)
9. I agree to keep my child home if there are signs of a cold or other communicable diseases.
10. I will include with this form a non-refundable registration/supply fee of \$145.00.
11. I will complete the required health and safety orientation before I work in the classroom.
12. I will complete a Bellingham School District Volunteer Form when working in the Larrabee Building.

Print Parent/Guardian's Name: _____

Signed: _____ Date: _____

Field Trip Information and Emergency Medical Information

Class Name: _____	Year: _____
Child's Name: _____	Birth Date: _____
Parent's Name: _____	Parent Home #: _____
Child's Doctor: _____	Parent Cell #: _____
Emergency Contact: _____	Phone: _____



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Emergency Contact: _____	Phone: _____
Out of State Contact: _____	Phone: _____
Who has permission to pick up your child?	
Emergency Medical Information:	
AUTHORIZATION FOR EMERGENCY PROCEDURE	
If the parents and authorized physician named on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.	
Parent or Guardian Signature _____ Date _____	

Health Concerns

1. Allergies

a. Bee Sting Allergy

- Needs medication at school and medical follow-up
- Need to notify parents if stung but no medication needed at school

b. Food allergy

- Has a severe reaction to: _____
- Has a mild reaction and needs to avoid: _____

c. Other: _____

2. Asthma

- Needs medication at school
- Has asthma but no medication needed at school



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3. Hearing Concerns

- History of ear infections Most recent infection date _____

4. Diabetes

- Insulin dependent and will need a school program set up

5. Physical Restrictions that would Limit Activity (Doctor's Note Required)

- Restricted because of: _____

6. Seizures

- Needs medication at school
 Takes medication at home
 History of seizures but not presently medicated

7. Vision Problems

- Wears glasses
 Blind in one eye: _____ Right _____ Left

8. Health concerns that would affect school performance: _____

9. Other Medication Information

- Needs medication at school and home
 Taking medication at home only
 Diagnosed but not medicated

10. Other Medical Instructions _____
