



InterCommunity Nursery School 2011-2012 Membership Registration Open Registration January 2011

Please make note of the following:

- ▶ Registration is on a first come, first served basis. Please enter the school through the back door only, and as always, please be considerate of our neighbors.
- ▶ Please have with you a completed, signed Registration Packet. All checks must accompany application and be made out to ICNS.
- ▶ Your signature on the Emergency Treatment Permission form **MUST** be notarized.
- ▶ Each student pays a **\$150 registration fee** and **security deposit** equal to one month's tuition. **The \$150 registration fee is non-refundable.**

Class Schedule & Tuition costs for the 2011-2012 School Year:

2 Year Olds:	Bears:	Tues/Thurs @ 9:00-11:30am	\$1,600/year or \$160/month
3&4 Year Olds:	Hippo:	Tues/Thurs @ 9:00-12:00pm	\$1,700/year or \$170/month
3 Year Olds:	Giraffe:	Mon/Wed/Fri @ 9:00-12:00pm	\$2,000/year or \$200/month
3 & 4 Year Olds:	Zebra:	Mon/Wed/Fri @ 12:30-3:30pm	\$2,000/year or \$200/month
4 Year Olds:	Elephant:	Mon/Wed/Fri @ 9:00-12:00pm	\$2,000/year or \$200/month

Note: If your child is leaving ICNS in June, your security deposit will be returned on or about August 1, 2011 upon your written request. As long as the student completes a full year and the account is in good order or the child withdraws and is replaced with no loss to the school as per your signed contract your deposit will be returned. A notice will be distributed towards the end of the school year to outline the procedure for requesting the return of your security deposit.

We will have a sign up sheet at Registration to see how interested parents are in an afternoon schedule. If the response is positive, we may be running the following classes:

2 Year Olds:	Puppy:	Tues/Thurs @ 12:30-3:00pm	\$1,600/year or \$160/month
4 Year Olds:	Dino:	Mon/Wed/Fri @ 12:30-3:30pm	\$2,000/year or \$200/month
3 & 4 Year Olds:	Zebra:	Mon/Wed/Fri @ 12:30-3:30pm	\$2,000/year or \$200/month

IMPORTANT CONTACT INFORMATION FORM

Entering Class: _____

Child's Full Name: _____
(First, Middle, Last)

Registration Date: _____

Nickname: _____ Birth Date: _____/_____/_____ Sex _____

Street Address: _____
(Street Address, City, State & Zip)

Home Phone: (_____) _____ E-mail Address: _____

Mother's Name: _____ Work/Cell Phone:(_____) _____

Father's Name: _____ Work/Cell Phone:(_____) _____

Mother's Occupation: _____ Father's Occupation: _____

Names/Ages of siblings: _____

Emergency Name #1 _____ Relationship to Child _____

Phone #1 _____ Phone #2 _____

Emergency Name #2 _____ Relationship to Child _____

Phone #1 _____ Phone #2 _____

How did you hear about Intercommunity Nursery School? _____

EMERGENCY TREATMENT PERMISSION

If my child should require medical attention due to an accident or illness during school hours and neither parent, emergency name, nor family physician can be reached, I hereby give my permission to have emergency treatment administered at this time by a physician available to the school or at the local hospital.

Does the above child have ANY allergies? _____ If yes, please list them: _____

Has your child been hospitalized recently? (YES/NO) If yes, please explain:

Are there any conditions of the child that should be known by a health care worker?(YES/NO) If yes, explain:

Parents Name _____

Parents Signature _____ Date _____

Notary Public:

Sworn before me this day _____

ICNS PARENT CONTRACT

I, the undersigned parent of _____, entering class _____ hereby apply for membership in the InterCommunity Nursery School for the school year 2011-2012. Upon acceptance as a member and enrollment of my child in the school,

I agree:

1. That tuition is fixed annually but payable on a monthly basis and is due beginning AUGUST 1, 2011. **Tuition is always due by the first of every month.** After the 10th, a \$20.00 late fee will be levied. There are no tuition refunds or reductions for absences. If your child(ren) attend more than one class at the school, you are entitled to a monthly discount of \$10.00 off your total tuition payment.
2. To pay a **non-refundable Registration Fee** of \$150.00 and a **Security Payment** equal to one month's tuition that will be refunded on or about August 1, 2011 if a child finishes the full school year and all financial obligations have been met. If a child withdraws prior to the close of the school year, the security deposit will be refunded if the child's place is filled with no financial loss to the school.
3. That **Classroom Participation** is required and is scheduled on a rotating basis dependent upon class size. A parent who cannot participate **MUST** switch participation dates with another parent. If you cannot switch dates, you must supply the snack for that day and pay a fee of \$15.00 to school for covering the class. Payment of the fee is to be within one week.
4. That I have an obligation to actively support in the **Fundraising** functions and efforts during the year.
5. To aid in the maintenance of the school and the school grounds. If you are absolutely unavailable to participate on the "**Parent Maintenance**" dates set by the Chairperson you can apply for special projects. If there is no Maintenance participation, a fee of \$40.00 per semester must be paid to the Tuition Treasurer.
6. That **traffic regulations** will be followed as described on the distributed literature since it is important in maintaining good neighbor relations.
7. That one parent is to serve on at least one **Committee** and actively fulfill your obligation during the school year. Failure to participate on your assigned committee for at least **8 – 10 hours** during the school year will result in a fine of \$150.00, paid to the Tuition Treasurer.
8. To submit all registration paperwork, including my child's **Medical Report** and to sign and **Notarize** the Emergency Treatment Permission form, no later than 2 weeks from the date of registration.
9. In the event the premium for ICNS liability insurance is increased more than 20% above what has already been budgeted for that expense, each family will be assessed an equal amount to cover the increase cost of the policy. This assessment will not exceed \$50.00 per family per year.
10. That I have received, reviewed and will comply with all of the rules and regulations set forth in the ICNS Student Handbook.

Parent Signature: _____ Date: _____

Notice of Non-Discriminatory Policy as to Students

InterCommunity Nursery School admits students of any race, color, national and ethnic origin to all the rights privileges programs and activities generally accorded or made available to students at the school. It does not discriminate on basis of race, color, national and ethnic origin in administration policies, or other school-administered programs.

PARENT PARTICIPATION FORM

Please fill out one form per family

Parent's Names: _____
(FATHER'S FIRST & LAST NAME) (MOTHER'S FIRST & LAST NAME)

Child(ren)'s Name(s): _____ Home Phone # _____

Would you be interested in being on the Board as a Committee Chairperson? (YES/NO) _____

If you have been in the school before, on what Committee(s) did you serve? _____

Please indicate the committee of your first, second and third choice. The President will make every effort to accommodate your choice, but keep in mind there is a limited number of people on each committee:

_____ **Fundraising:** (10-20 people) Responsibilities include organizing and staffing various fundraising efforts and events, including the Spring Dinner, Winter Wonderland, Candy & Plant Sales, etc

_____ **Housing:** (10-15 people) Responsibilities include the maintenance of supplies for the school, washing the dress-up clothes, paint smocks and toys as well as the maintenance of the house and grounds. The Chairperson of this committee serves as a liaison between the tenant and the school.

_____ **Hospitality:** (3-4 people) Responsibilities include baking or buying refreshments for the General Meeting and all of the Fundraising and Community Service events.

_____ **Publicity:** (1 or 2 people) Responsibilities include placing local advertisements for new membership and school activities including all fundraising efforts. Also includes maintaining social networking sites and the ICNS website.

_____ **Art & Library:** (3-4 people) Responsibilities include artwork for the school, making name tags for meetings, decorations for school events, etc. This committee also organizes the displays of our children's work in local libraries.

_____ **Newsletter:** (1 or 2 people) Responsibilities include publishing and distributing a newsletter to all members of this cooperative in a timely fashion on a monthly basis. To solicit advertisers to help offset the printing costs.

_____ **Membership:** (1 person) Responsible for assisting Membership Chairperson in maintaining a membership database. Assisting director in the sorting and filing of applications. Duplicating and distributing registration materials.

_____ **Class Parent:** (1 per class)Responsibilities include preparation and distribution of classroom participation schedules, collecting and maintaining a "Sunshine Fund" and assisting teachers in organization of class, trips, parties, etc.

_____ **Substitution/Health:** Responsible for maintaining a list of substitute parents to provide coverage for absent teachers. Also collects, records and files Medical forms.

Please Note: There is a \$150.00 fine for anyone who does not fulfill at least 8 hours of committee work.

PARENT MAINTENANCE:

In addition to the above committee, each family is responsible for 1 day in the Fall *and* 1 day in the Spring. It is generally scheduled on a weekend morning from 9:00-11:30 am. If you cannot make it to the specified dates, call the chairperson for a substitute assignment. If you are absolutely unavailable to participate you must pay the fee listed below to the Tuition Treasurer.

_____ Will Participate _____ Will pay fee of \$80.00 for the year (\$ 40.00 per semester)

Special Skills or Equipment that would be available for use during special maintenance projects: _____

CERTIFICATE OF IMMUNIZATION

Child's Name _____ Entering Class _____

Birth Date: _____ Date of Last Check-up: _____
(Month/Day/Year)

Parents Name: _____ Home Phone: _____

Home Address: _____
(Street Address, City, State & Zip)

In accordance with New York State Public Health Law 2164 a Certificate of Immunization, signed by a Physician, listing exact dates, *must be on file with the school on the first day of classes.*

Minimum 3 full dose rates required for school attendance.

	Month / Day / Year				
	Dose #1	Dose #2	Dose #3	Booster	Booster
DPT/DT <small>(Diphtheria, Pertussis, Tetanus)</small>					
TOPV <small>(Trivalent Oral Polio Vaccine)</small>					
Hep B <small>(Hepatitis B)</small>					
MMR <small>(Measles, Mumps, Rubella)</small>					
PCV13 <small>(Pneumococcal Conjugate)</small>					
HIB <small>(Haemophilus Influenza Type B)</small>					
Varicella / Chicken Pox Vaccine					

Tine Test (TB): _____ Other: _____

Date of Last Tetanus Immunization: _____ Date of Last Check-Up _____

Physician's Medical Exemption:
 Vaccines waived due to medical conditions: _____
 Physician's statement attached with list of vaccines waived _____

Religious Exemptions:
 Legal requirements waived because of: Religious Exemption: _____. If yes, written statement attached.
(An additional State Health Form, provided upon request of Religious Exemption, must be completed)
 *Any child not fully immunized for any reason must be excluded from care whenever there is an outbreak of a communicable disease. The child may return only upon approval of the local county health department.

Signature of Parent/Guardian _____ Date _____

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____

Physician's Signature: _____ Date: _____