

Bug School 2010

Summer School Information Sheet

Teachers: Bethany Cooke and Valarie Lund

Dates: Monday, June 28 - Friday, July 30, 2010
AM Session 8:45 - 11:45

Description: Come join us for a fun filled celebration of bugs! At the end of the five-week program you and your child will gain a new respect for snails, ants, bees, ladybugs, spiders and butterflies. A field trip to the San Francisco Insect Zoo to see the live insect collection is planned. The class will consist of a maximum of 26 children per session per day, ages 3 through 5 years old. All children need to be potty trained and able to sit at circle time with minimal assistance.

Please send your child with a bag snack each day.

Parents Duties: We are a Co-op, or Parent Participation nursery school. As parents we work together along with the teachers to run the program. Your duties include:

- Working at the school as a teacher aide one regularly scheduled day per week (examples: Art, Outdoor, or Varied Project).
- Having at least one scheduled EPOD (Emergency Parent Of the Day) assignment during the five week session.
- Completing one job/task (examples: cut out pieces for an art project or purchase two bottles of starch).
- Attending the mandatory orientation meeting on Monday, June 28, from 7:00 to 9:00 pm at the school
- Helping with the general clean up of the school at the end of the session

Tuition for the Entire 5-Week Session:

5 days	4 days	3 days	2 days
\$395.00	\$315.00	\$277.00	\$185.00

Registration: Registration is on a first-come first-served basis, and is open to non-members as well as members of the Co-op. In order to hold your slot you must send (or drop off at the school) your completed forms **along with a check for the full tuition amount**, payable to "*Pacifica Nursery School, Inc.*" Please return to:

Pacifica Co-op Nursery School
Summer School Program
548 Carmel Avenue
Pacifica, CA 94044



Pacifica Co-op Nursery School Summer School Session 2010

Membership Commitment Contract

Date: _____

Name of child/children: _____

Initial each item

_____ I will work one scheduled day each week or be responsible for arranging a substitute for myself.

_____ I will be available to work as EPOD (Emergency Parent Of the Day) at least once during the summer session. I understand that in rare situations I may be required to work an additional EPOD.

_____ I will attend the orientation meeting to be held the first evening of the summer session, held at the nursery school (548 Carmel Avenue) from 7:00 to 9:00 pm. At this meeting I will sign up for a job/task to be completed during the summer session.

_____ I will provide all the necessary forms and information prior to the first day of school, including proper documentation of a TB test for the working parent(s) taken within the past three years.

_____ I will pay the full tuition due when I register. If I cancel my registration before June 14, 2010, I will receive a refund of my tuition less a \$50.00 administration fee.

_____ Should I need to withdraw after June 14, 2010, I will forfeit my tuition fees. I understand my tuition will be needed to cover the costs of hiring workers to cover my scheduled workdays at school.

_____ I understand that participation in the Co-op Nursery School Summer Session in no way guarantees a slot in the regularly scheduled school year.

Parents' signatures: _____

Notice of Non-Discrimination Policy as to students and member families of The Pacifica Co-op Nursery School
The Pacifica Co-Op Nursery School admits children and their families regardless of their race, color, religion, nationality, ethnic origin or sexual orientation, to all the rights, privileges, programs, and activities generally accorded or made available to the students and member families of the school. The Co-op does not discriminate on the basis of race, color, religion, nationality, ethnic origin or sexual orientation in the administration of its educational policies, admissions policies, scholarship programs or any other school-administered programs.

**Pacifica Co-op Nursery School
Bug School Application for Summer Session 2010**

Summer Session runs from Monday, June 28 through Friday, July 30, 2010

Date: _____

Parents Names: _____

Family Address: _____

Phone: _____ Cell: _____

Email: _____

Names and birth dates of children to attend summer session. Children must be at least three (3) years-old by June 28, 2010 and potty trained:

1. _____
2. _____
3. _____

How many days per week (please refer to the "Choosing for Success" article posted at our website: www.pacificacoop.org):

- _____ 5 days per week (\$395.00)
- _____ 4 days per week (\$315.00)
- _____ 3 days per week (\$277.00)
- _____ 2 days per week (\$185.00)

Preferred days of attendance (please circle):

Preferred Workday: _____

M T W Th F

Preferred EPOD days (in rare situations you may be required to have two EPOD days). Please list two preferred dates:

Do you plan to bring an infant under the age of nine months on your workday? Y N

Are you interested in being a worker-for-donation ? Y N

Parent's signature

Parent's signature

**Pacifica Co-op Nursery School
Bug School 2010
Child Pick-Up Authorization**

Child's name _____ Birth date _____
Family Address _____ Home Phone _____
Parent's Name _____ Daytime Phone _____
Parent's Name _____ Daytime Phone _____

I, _____ (Parent), authorize the following people to drive my child to school, to sign him or her in and out, and/or to pick my child up at the end of the session from the Pacifica Co-op Nursery School:

- | | |
|----------|-------------|
| 1. _____ | Phone _____ |
| 2. _____ | Phone _____ |
| 2. _____ | Phone _____ |
| 4. _____ | Phone _____ |
| 5. _____ | Phone _____ |
| 6. _____ | Phone _____ |
| 7. _____ | Phone _____ |
| 8. _____ | Phone _____ |

If my child becomes ill and I cannot be reached, the following people will be able to take my child to their home and care for my child:

- | | | |
|------------------------------------|----------------|----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| (Name & Address of Representative) | (Relationship) | (Phone number) |

The Teachers, Bethany Cooke and Valarie Lund, shall have my permission to update the school's daily sign-in/sign-out log as needed to comply with State regulations in the event that I (or my authorized representative) fail to sign.

Signature of Parent or Guardian

Date

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

**Pacifica Co-Op Nursery School
548 Carmel Ave
Pacifica, CA 94044**

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE
					()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
					()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
					()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
					()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE	BUSINESS TELEPHONE
				()	()

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: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION DATE LEFT

Please fill out both forms.

EMERGENCY RELEASE INFORMATION

Pupil _____
Address _____
Phone _____
Mother _____ Work# _____
Father _____ Work# _____
Medication Taken _____ Allergic to _____

IN CASE OF EMERGENCY, MY CHILD MAY BE RELEASED TO:

Name _____ Phone _____
Name _____ Phone _____

(To be filled out by school personnel
if child is released)

Name _____
Released to _____
Location _____
Time _____ Date _____

EMERGENCY RELEASE INFORMATION

Pupil _____
Address _____
Phone _____
Mother _____ Work# _____
Father _____ Work# _____
Medication Taken _____ Allergic to _____

IN CASE OF EMERGENCY, MY CHILD MAY BE RELEASED TO:

Name _____ Phone _____
Name _____ Phone _____

(To be filled out by school personnel
if child is released)

Name _____
Released to _____
Location _____
Time _____ Date _____

Please complete this form for all 2010 Bug School working parents only if you are a NEW family or if your TB test was completed before August 1, 2007:

Pacifica Co-op Nursery School
548 Carmel Ave.
Pacifica, CA 94044

Parents' Physical Report

The Pacifica Co-op Nursery School requires a parent, either mother or father, to participate as a parent-aide in the nursery school one session a week for three (3) hours. I, _____, certify that I know of no limitations of a medical nature, either physical or emotional, that would interfere with my participation as a parent-aide. I believe I am in a condition able to accept those responsibilities of a parent-aide at the school as explained in the school handbook. I know that I can receive a copy of the handbook at the school or view it on line at the school web site.

Parent/Guardian Signature

Date

State Health Department regulations require a current negative chest x-ray or TB skin test for all adults working in contact with preschool children. Please have the following completed and signed before you come on your first work day, or bring a separate document with proof of a current negative chest x-ray or a negative TB skin test.

Name _____
Date of TB test given _____
Date of negative TB result read _____
Or date of negative chest x-ray _____

Physician's signature _____
Address _____
