

Gig Harbor Cooperative Preschool Registration Form

Please return to the Membership Chairperson at: GHCP, P.O. Box 622, Gig Harbor, WA 98335 Email: membership@ghcp.org

AMOUNT DUE WITH FORM - \$75.00 SCHOOL REGISTRATION FEE

\$65 Returning Families (currently enrolled in 2012-13 school year)

Class you are registering for (circle one) – Hales Pass 2's (2 day) Hales Pass 3's (3 day) Hales Pass 4/5's (3 day) Hales Pass 4/5's (4 day)
Masonic 2's (2 day) Masonic 3's (2 day) Masonic 4/5's (3 day) Masonic 4/5's (4day)

Child's name (last/first/name used) _____ Date of birth _____ Age _____ Sex M F

Home address (inc. zip code) _____

Home Phone _____ Cell Phone _____ E Mail _____

Parent/guardian name(s) (last, first) _____

(last, first) _____

Mother's occupation _____ Employer _____ Work Phone _____

Father's occupation _____ Employer _____ Work Phone _____

AGREEMENT BETWEEN PARENT(S)/GUARDIAN(S) AND GIG HARBOR COOPERATIVE PRESCHOOL

I (we) understand that this is a parent participation preschool coordinated by the Home and Family Life Department of Bates Technical College. I (we) further understand that the main purpose of this program is parent education in child development and that the preschool's success depends upon the participation and sharing of responsibilities by all families.

As a parent/guardian in the Gig Harbor Cooperative Preschool, I (we) agree to fulfill our participation and responsibilities in the following ways:

Pay required fees: School Registration (nonrefundable) – Bates Registration Fee – Preschool Tuition – and other fees as required by our school.

Attend a minimum of 1 parent education opportunity for every month the family is enrolled, which must include Orientation and Parent Training.

Work in the classroom as an assistant on my assigned days and take responsibility for providing a trained substitute when necessary.

Provide a nutritious snack for all children on my assigned day on a rotating basis under the direction of the teacher.

Keep my child at home if there are signs of any communicable disease.

Volunteer for a board position or a committee position.

Participate in fundraising according to school guidelines.

Complete and submit all forms required by the school including Information Form, Consent for Emergency Medical and Surgical Care, and Certificate of Immunization, Bates Registration form and Child Release form.

I give permission for my child to be taken on supervised field trips throughout the school year, by foot or car, as notified by the school.

Fulfill duties assigned equally to all for the upkeep of the school facilities.

Allow my child to be videotaped and/or photographed during class activities for educational purposes.

By signing below, I (we) are willing to meet the above requirements and to abide by the constitution, standing policies and hand-book of the school.

Mother/guardian's signature _____

Father/guardian's signature _____

Date: _____

BTC -1 Rev1/22/2004