Registration Form | 2015-2016 ST. HELENA COOPERATIVE NURSERY SCHOOL

1201 Niebaum Lane, Rutherford, CA 94573 | 707-963-7212



Child's Name:			Date:			
Date of Birth:	Gender: □ Female □ Male	Child Prefers to be called (If different from a	Child Prefers to be called (If different from above):			
Address:		Sibling Name(s):	Age	Alumni?*		
		1.				
		2.				
		3.				
Ethnic Background:		Co-op Status:	Co-op Status: □ Currently Enrolled □ Returning			
		Please check one:				
Parent/Guardian No. 1		Parent/Guardian No. 2:	Parent/Guardian No. 2:			
Address (if different than above):		Address (if different than above):	Address (if different than above):			
Occupation:		Occupation:	Occupation:			
Cell Phone: ()		Cell Phone: ()	Cell Phone: ()			
Home Phone: ()		Home Phone: ()	Home Phone: ()			
Work Phone: ()		Work Phone: ()	Work Phone: ()			
E-Mail:		E-Mail:	E-Mail:			
the mixed age/gende		g a class for your child, bear in mind that ass you choose now will be the class your chi cable to the Toddler class.				
What Program do you prefer? (Check one.)		If this choice is not available, would yo	If this choice is not available, would you consider another?			
□ T TH (9:00 - 12:00) \$250		□ Yes □ No				
□ MW (1:00 - 4:00						
□ Tuesday Sidekick ^{>}	(Tuesday 12:30-3:30) \$160	2nd Choice:	2nd Choice:			
□ MWF (9:00 -12	00) \$360	3rd Choice:	3rd Choice:			
□ Toddler Class (Th	ursday 3:30-5:30) \$100					
M/W & T	/Th classes to provide the older	: The Tuesday afternoon class is for four-yea kids in these classes three days of preschool and will be open to the M/W/F children wh	experience	es a week.		
	n Reduced Parental Participation reduced by: (check one if int	a. This is the program in which the classroom rerested)	i participa	tion		
	Full (100%), Tuition is double (1) Half (50%), Tuition + $\frac{1}{2}$ (Half 1)					
non-transf	1 1	ndatory. A lottery will be held at registration ots. If you are not granted Reduced Parental NO		on,		
• We're interested in	n Tuition Assistance information	1				

REGISTRATION FEE IS: \$100 (Check will be cashed on June 1st.)

The non-refundable fee must accompany registration form to secure child's placement. Make check payable to:

St. Helena Cooperative Nursery School

Note: There is a \$15.00 charge for checks returned by your bank.

Priority enrollment until April 30, 2015. You must be in good standing with the school before registering.

You will be notified in writing of class placement results after the second week of May.

REGISTRATION WILL ONLY BE ACCEPTED BY MAIL!

Please send registration form and check to:

ST. HELENA COOPERATIVE SCHOOL

P.O. Box 493 Rutherford, CA 94573 (707) 963-7212 sthelenacoop.org

PARENT PARTICIPATION AGREEMENT

The CO-OP is a parent participation nursery school. Parents' efforts are crucial to the school's day-to-day running and to its overall existence. In order to ensure the continuation of our high quality, affordable program, at least one parent must agree to the following:

- Attend monthly General meetings (7:00 9:00 p.m.)
- Complete a provided 12 hours of Adult Education (Toddler class parents are exempt)
- Participate in the classroom (2 4 times per month)
- Attend 2 Work Parties (Toddler class parents are exempt)
- Pay monthly tuition on time (By the 10th of each month)

I agree to participate as outlined above: ____

PARENT SIGNATURE

OFFICE USE ONLY

CLASS	AGE	СР	SIBLINGS
FEE PAID	CHECK No. DATE		INITIALS

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