

# Registration Form | 2024-2025

ST. HELENA COOPERATIVE NURSERY SCHOOL  
 1201 Niebaum Lane, Rutherford, CA 94573 | 707-963-7212



**Please write clearly.**

Child's Name:		Date:	
Date of Birth:		Child Prefers to be called (If different from above):	
Address:	Sibling Name(s):		Age
	1.		
	2.		
	3.		
	Co-op Status: <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Returning Please check one: <input type="checkbox"/> New to Co-op <input type="checkbox"/> Alumni* *Please list alumni names and years:		
Parent/Guardian No. 1:		Parent/Guardian No. 2:	
Address (if different than above):		Address (if different than above):	
Occupation:		Occupation:	
Cell Phone: (     )		Cell Phone: (     )	
Home Phone: (     )		Home Phone: (     )	
Work Phone: (     )		Work Phone: (     )	
E-Mail:		E-Mail:	
<p><b>CLASS PREFERENCE NOTE:</b> When choosing a class for your child, bear in mind that in order to maintain the mixed age/gender ratios from year to year, the class you choose now will be the class your child remains in for their Co-op career. These guidelines are not applicable to the Toddler class.</p>			
What Program do you prefer? (Check one.) <input type="checkbox"/> T TH (9:00 - 1:30) \$425 <input type="checkbox"/> M W (9:00 - 1:30) \$425 <input type="checkbox"/> M T W TH (9:00 - 1:30) \$690 <input type="checkbox"/> Toddler Class (Friday 9:00-11:00) \$115		If this choice is not available, would you consider another? <input type="checkbox"/> Yes <input type="checkbox"/> No  2nd Choice: _____	
<p><b>Age of entry:</b></p> <ul style="list-style-type: none"> <li>• Toddler ~ 1 year + 9 months by September 1<sup>st</sup></li> <li>• Weekday ~ 2 years + 9 months by September 1<sup>st</sup></li> </ul>			

○ We're interested in Reduced Parental Participation. This is the program in which the preschool classroom participation of the PARENT is reduced by Half (50%), Tuition + ½ (Half Participation) **Not applicable for toddler class.**

All other Co-op responsibilities remain mandatory. A lottery will be held at registration for these non-transferable Reduced Participation spots. If you are not granted Reduced Parental Participation, will you still enroll in the Co-op? YES | NO

○ We're interested in Tuition Assistance information.

**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 \$25.00 charge for checks returned by your bank.

Priority enrollment until April 30, 2024. Open enrollment after April 30 until classes are full.

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](http://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.) (8 times per school year)
- Complete a provided 10 hours of Adult Education (**Toddler class parents are exempt**)
- Participate in the preschool classroom (2 times per month) Toddler class (adult attends with child)
- Attend 2 Work Parties (**Toddler class parents are exempt**)
- Pay monthly tuition on time (By the 10th of each month)
- Participate in Co-op's fundraising efforts

I agree to participate as outlined above: \_\_\_\_\_

PARENT SIGNATURE

**OFFICE USE ONLY**

CLASS \_\_\_\_\_ AGE \_\_\_\_\_ CP \_\_\_\_\_ SIBLINGS \_\_\_\_\_

FEE PAID \_\_\_\_\_ CHECK No. | DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

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