



WINDHAM COOPERATIVE  
KINDERGARTEN AND  
NURSERY SCHOOL

**Dear Parents/Guardians,**

Attached you will find registration forms for the 2012-2013 school year. You must return these forms along with a non-refundable \$90 registration fee per child in order to hold your spot. If your child is new to the program you also need to provide a copy of his/her birth certificate. Your registration packet includes:

- 2012-2013 WCK Program Options
- Program Tuition Information
- Registration Application
- Medical Form
- Allergy Policy
- Privacy Policy

We will also be registering session preferences for our Kindergarten Extended Enrichment Program (KEEP) for children attending public Kindergarten. We will not be requiring the deposit at this time. Once the town has determined which session the children will be attending, each family will have 24 hours to commit to the KEEP program time they want and 1 week to pay the \$90 registration fee.

The following are the relevant dates for the registration process:

- **Open House Tours for Prospective Families:** January 9, 10 and 11 9:00-11:00 and 1:00-3:00  
Families new to our school are given the opportunity to tour our facility and observe classes
- **Current Member Registration:** Through January 10, 2012
- **Alumni Registration:** Starting January 12, 2012
- **Registration open to General Public:** Starting January 18, 2012 at 9:00 AM  
Registration packets require a non-refundable registration fee of \$90.00.

Thank you,  
WCK Executive Board

Extra registration forms are available in the office.





# 2012-2013 Program Options

WINDHAM COOPERATIVE  
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## Core Programs

### Nursery – 2.9+ year olds

2 Day: Tuesday/Thursday	8:45-11:30
2 Day: Monday/Wednesday	8:45-11:30 or 12:15-3:00
3 Day: Monday/Wednesday/Friday	8:45-11:30 or 12:15-3:00

### Pre-K – 4 year olds

3 Day: Monday/Wednesday/Friday	8:45-11:30 or 12:15-3:00
4 Day: Monday/Tuesday/Wednesday/Friday	8:45-11:30 or 12:15-3:00

## Extended Day Enrichment Programs

### PEEP – 4 year olds

1 Day: Monday	10:30-12:15 or 11:30-1:15
2 Day: Wednesday/Friday	10:30-12:15 or 11:30-1:15
3 Day: Monday/Wednesday/Friday	10:30-12:15 or 11:30-1:15

### KEEP for Public Kindergarten Students – 5 year olds

1 Day: Friday	
2 Day: Monday/Wednesday or Tuesday/Thursday	8:45-12:15 or 11:30-3:00
3 Day: Monday/Wednesday/Friday	8:45-12:15 or 11:30-3:00
5 Day: Monday thru Friday	8:45-12:15 or 11:30-3:00

\*Includes bus transportation to or from Golden Brook School

## Important Information

Order of placement for classes:

- Current students/families
  - Alumni families
  - General public
- A lottery will be held if demand exceeds space

All families will receive confirmation of their child's program for the upcoming year in February with information on the required non-refundable first tuition payment.

Staffing of all programs is subject to change prior to start of school.  
All programs must have sufficient enrollment to run.





# Program Tuition Information

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Below are current tuitions for all WCK programming.  
The program pricing for the 2012-2013 school year will be reviewed by the Executive Board and approved at the General Membership budget meeting in April of 2012.  
Tuition is typically raised a maximum of 3%-5%.

<b>Core Programs</b>	<b>Ten Month Payment Plan</b>	<b>Price/Year</b>
2 Day Program	\$180.00	\$1,800.00
3 Day Program	\$247.00	\$2,470.00
4 Day Program	\$302.00	\$3,020.00
<b>Extended Day</b>	<b>Ten Month Payment Plan</b>	<b>Price/Year</b>
1 Day PEEP	\$37.00	\$370.00
2 Day PEEP	\$74.00	\$740.00
3 Days of PEEP	\$111.00	\$1,110.00
1 Day of KEEP	\$120.00	\$1,200.00
2 Days of KEEP	\$201.00	\$2,010.00
3 Days of KEEP	\$258.00	\$2,580.00
5 Days of KEEP	\$361.00	\$3,610.00
Little Explorers	\$40 (members)/\$50 (nonmembers)	Price per 4 week session
Lunch Bunch Only	\$7	Price per Day

**NOTE:** For Core Programs (Nursery and Pre-K) the afternoon classes receive a 10% discount on their yearly tuition. That is like getting ONE MONTH FREE!



# Windham Cooperative Kindergarten & Nursery School

## REGISTRATION APPLICATION – PAGE 1

### School Year 2012-2013

Please indicate below your **FIRST** and **SECOND** choice programs for upcoming school year.

AM NURSERY M/W \_\_\_\_\_  
AM NURSERY T/TH \_\_\_\_\_

PM NURSERY M/W \_\_\_\_\_  
AM NURSERY M/W/F \_\_\_\_\_

AM PRE-K M/W/F \_\_\_\_\_  
AM PRE-K M/T/W/F \_\_\_\_\_

PM PRE-K M/W/F \_\_\_\_\_  
PM PRE-K M/T/W/F \_\_\_\_\_

AM PEEP 1-Day M \_\_\_\_\_  
AM PEEP 2-Day W/F \_\_\_\_\_  
AM PEEP 3-Day M/W/F \_\_\_\_\_

PM PEEP 1-Day M \_\_\_\_\_  
PM PEEP 2-Day W/F \_\_\_\_\_  
PM PEEP 3-Day M/W/F \_\_\_\_\_

AM KEEP 1- Day F \_\_\_\_\_  
AM KEEP 2- Day M/W \_\_\_\_\_  
AM KEEP 2- Day T/R \_\_\_\_\_  
AM KEEP 3-Day M/W/F \_\_\_\_\_  
AM KEEP 5-Day M/T/W/R/F \_\_\_\_\_

PM KEEP 1-Day F \_\_\_\_\_  
PM KEEP 2-Day M/W \_\_\_\_\_  
PM KEEP 2-Day T/R \_\_\_\_\_  
PM KEEP 3-Day M/W/F \_\_\_\_\_  
PM KEEP 5-Day M/T/W/R/F \_\_\_\_\_

### FOR OFFICE USE ONLY:

PROGRAM CHILD HAS BEEN ENROLLED IN: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ETHNIC BACKGROUND: \_\_\_\_\_ (FOR PURPOSES OF CLASSROOM DIVERSITY INFORMATION)  
IS YOUR CHILD CURRENTLY RECEIVING ANY SPECIAL NEEDS SERVICES? \_\_\_\_\_  
IF YES, WHAT? \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
MOTHER'S ADDRESS \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_  
FATHER'S ADDRESS \_\_\_\_\_  
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DO YOU HAVE INTERESTS/HOBBIES THAT CAN BE SHARED WITH THE CHILDREN AT THE SCHOOL?  
MOTHER: \_\_\_\_\_  
FATHER: \_\_\_\_\_

**Windham Cooperative Kindergarten & Nursery School**  
**REGISTRATION APPLICATION – PAGE 2**

NUMBER OF CHILDREN IN FAMILY: _____ Please list names of other brothers and sisters at home:			
NAME: _____	SEX: _____	AGE: _____	GRADE: _____
NAME: _____	SEX: _____	AGE: _____	GRADE: _____
NAME: _____	SEX: _____	AGE: _____	GRADE: _____
NAME: _____	SEX: _____	AGE: _____	GRADE: _____
HAVE ANY OF YOUR CHILDREN ATTENDED WCK IN THE PAST? _____			
If yes, list year(s): _____			
IF NEW TO WCK, HOW DID YOU HEAR ABOUT OUR PROGRAM?			
Word of Mouth _____	Internet _____	Yellow Pages _____	
Newspaper (which?) _____	Other _____		

<b>POLICIES &amp; OBLIGATIONS OF MEMBERSHIP:</b>
<ol style="list-style-type: none"><li>1. I agree to provide in-class co-oping in accordance with the frequency set in the school's by-laws. (By-Law Article #20)</li><li>2. In lieu of co-oping, a charge of \$40.00 will be made per occurrence.</li><li>3. In the spirit of a cooperative school, I will participate throughout the year, as I am able.</li><li>4. I understand that I can access the most current copy of the school's parent handbook and by-laws on the school's website, or obtain a copy from the office.</li><li>5. I have received and read the Peanut/Allergy Policy.</li><li>6. I have received and read the Federal Rights and Privacy Act Policy as it relates to volunteering at the school.</li></ol>
Parent's Signature _____ Date _____

<b>PAYMENT INFORMATION AND POLICIES:</b>
<ol style="list-style-type: none"><li>1. Registration Fee \$90.00 Check # _____; Cash _____; Rec'd by _____ This registration fee will hold your spot until June 1<sup>st</sup> and is NON-REFUNDABLE.</li><li>2. Annual tuition is payable in 10 installments. THE FIRST INSTALLMENT IS DUE JUNE 1<sup>st</sup> AND IS NON-REFUNDABLE. This installment is to secure your spot in the selected program. Any payment not received by June 10<sup>th</sup> will result in forfeiture of enrollment.</li><li>3. Subsequent payments received after the 10<sup>th</sup> of the month will result in an additional \$20.00 late fee penalty.</li><li>4. Applications made after June 1<sup>st</sup> require both a registration and tuition payment to be enrolled.</li></ol>
Parent's Signature _____ Date _____

*If your child's behavior proves to be disruptive and not conducive to the general well being of the class, the Teachers and Executive Board of Directors reserves the right to review the child's behavior and social progress and can ask to have the child withdrawn.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 LAST NAME FIRST NAME M.I. DOB: MO DAY YEAR BOY GIRL

\_\_\_\_\_  
 CHILD'S ADDRESS

We/I \_\_\_\_\_ give permission to obtain or release necessary information on the above child.

Please return to: \_\_\_\_\_

**HISTORY: To Be Completed by Physician (This information will be held confidential and will be used only for the benefit of this child).**

- A. Prenatal, perinatal and postnatal development: Any significant findings that could influence this child's adaptations to a child care setting (i.e. physical handicap, sensory loss, developmental irregularities)?
- B. Any chronic illness that may require medication, particularly observations or precautions in a child care setting (e.g. recurrent ear infections, seizure disorder, allergies)?
- C. Any hospitalizations, operations, or special tests of which a child care provider should be aware?
- D. Pertinent family, social or health characteristics?

**IMMUNIZATIONS FOR CHILD CARE AGENCY ATTENDANCE**

You May Substitute A Copy Of Your Own Immunization Record

Vaccine	Date	Date	Date	Date	Date	Date
DTP/DTaP						
Hib						
DTP-Hib						
Td						
OPV or IPV						
MMR						
Hep-B						
Varicella (Recommended)						
Other						

**Communicable Disease History**

**Recommended Screening & Testing of Attendees**

Disease	Date of Diagnosis	Laboratory Confirmation	Physician		Date	Method	Results
Chickenpox		Not Applicable		TB (For High Risk Children Only)			
Other:				Vision			
				Hearing			
				Speech			
				Hbg/HCT		Not Applicable	
				Urine		Not Applicable	
				Lead		Not Applicable	

LENGTH/HEIGHT _____/_____ IN/CM %ILE	WEIGHT _____/_____ LB/KG %ILE	HEAD CIRCUMFERENCE _____/_____ IN/CM %ILE	BLOOD PRESSURE _____/_____ /
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Check ( ) Each Line	Normal	Abnormal	Needs Follow-up	Not Examined	Check ( ) Each Line	Normal	Abnormal	Needs Follow-up	Not Examined
Skin/Scalp					Nose, Throat, Mouth				
Nutrition					Teeth & Gums				
Neurology & Muscular					Glands inc. Thyroid				
Orthopedic & Spine					Chest, Breasts				
Eye					Heart, Lungs				
Ears					Abdomen				
Speech					Genitalia				

Temperament: \_\_\_\_\_Easy-going      \_\_\_\_\_Average      \_\_\_\_\_Difficult

Comments:

Assessment of Physical Development:

A. Estimate of level of maturation:

- a. Infancy (0-2 years)      Early:\_\_\_\_\_      Mid:\_\_\_\_\_      Late:\_\_\_\_\_
- b. Mid-Preschool (2-4 years)      Early:\_\_\_\_\_      Mid:\_\_\_\_\_      Late:\_\_\_\_\_
- c. Preschool (4 years)      Early:\_\_\_\_\_      Mid:\_\_\_\_\_      Late:\_\_\_\_\_
- d. School-age (6-10 years)      Early:\_\_\_\_\_      Mid:\_\_\_\_\_      Late:\_\_\_\_\_
- e. Adolescent (11-18 years)      Early:\_\_\_\_\_      Mid:\_\_\_\_\_      Late:\_\_\_\_\_

B. Estimate of functional capacity:

	Delayed for Developmental Phase	Consistent with Developmental Phase	Advanced for Developmental Phase	Comments:
Gross Motor:				
Fine Motor:				
Language Skills:				
Social Skills:				
Emotional:				

C. Impression of child's present state of health:

D. Recommendations regarding:

- a. Medical needs:
- b. Developmental needs:
- c. Family support:

Print Physician's Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date of Next Scheduled Exam: \_\_\_\_\_



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# Allergy Policy

## School Guidelines

1. Just as our children are all different, so too are their allergies. With this in mind, WCK cannot guarantee an allergy free atmosphere.
2. We try to avoid nut-containing foods, however if your child has a severe food allergy, we suggest that you provide a separate snack for your child. On your co-op days you must provide a snack and beverage for the rest of the class as well as your child.
3. Our teachers are trained in emergency first aide and CPR, as well as the use of EPI pens. They can administer this drug to your child providing that you supply this medication as well as the supporting paperwork from your physician. By state regulations, any medication that we have on the premises must be in the original packaging and labeled by the pharmacy with the child's name and expiration date.
4. We recognize that on rare occasions it will be necessary to use inhalers for breakthrough attacks (attacks that require an additional single use of the inhaler). This will be permitted provided the child can self-administer the medication, a dedicated inhaler is kept at the school, and the supporting necessity of use form is on file signed by the physician.
5. **We do not administer oral (by mouth) medications.** The exception to this policy would be medications needed to prevent anaphylaxis. However, a doctor's note is required stating that withholding this medication could lead to an anaphylactic reaction.
  - a. We will only keep two doses of a required oral medication on school property at a time.
  - b. The dose must be a **Unit dose**: a single pre-measured amount pre-packaged by the pharmacy and labeled with the drug name, child's name and expiration date.
6. In the event that any medication must be used, 911 will be called concurrent to its administration, and any further emergency medications will be provided by EMS. The parent would also be contacted after EMS was notified.
  - a. Any time medication is administered by the school, EMS will be activated for further assessment of the child's condition.
  - b. Following the assessment, the child will either be transported to the hospital, or released to the care of his/her parent or emergency contact person – as deemed necessary by EMS.
  - c. The child will not be allowed to re-enter school until a medical clearance note is received from his/her physician.
7. If your child has a severe allergy that requires the use of an EPI pen to treat, you will be required to provide appropriate transportation and chaperoning of your child for school field trips. (An appropriate alternate person may be sent in your place.)



## Please Note

- We are not responsible for goodies sent home in party bags.
- The school does not administer any regularly scheduled medications.
- **No medication is allowed in the classroom; this includes backpacks and personal belongings.** This is a safety issue for other children in the room and it is against the law.



# Windham Cooperative Kindergarten & Nursery

## Volunteer Program

### *Federal Rights and Privacy Act of 1974*

The Federal Rights and Privacy Act of 1974 makes a very clear and strong statement concerning school children and their rights as US Citizens. The law says, simply stated, that what happens to children in their school and academic pursuits on a day to day as well as on an overall basis, is confidential. Only the parties who have a “right” to that information (i.e.: the student, parent, child, teacher, guidance counselor, etc.) may discuss that individual child and his or her difficulties. The obvious intent of the law, for our volunteer purpose, is to insure that our youngsters do not become the topic of discussion throughout the community. Not only is this a legal issue, but even more importantly, it is an ethical one.

This is not presented to our volunteers as an attempt to inhibit them from observing our program as a whole. Schools are “fair game” for whatever constructive criticism parents would like to share with us or their neighbors. If you leave the school, and then talk about the school, its programs, or whatever, we have no problems! But, if you leave the school and talk about an individual child (or children), you are making a serious breach of ethical and legal rules.

I have read the above regarding the Federal Rights and Privacy Act of 1974, and I agree to follow the guidelines.

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Signature

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Date

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Print Name

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Child(ren)’s Class

AM

PM

(circle one)