

ISLAND PRESCHOOL, INC.
POST OFFICE BOX 43, GROSSE ILE, MI 48138

Dear Prospective Co-op Preschool Member:

We are glad you are considering Island Preschool, Inc. for you and your child. The “co-op experience” is an enriching and rewarding one.

We offer children a developmental program, which provides socialization with peers, opportunities for creative play and a sense of independence, responsibility and participation. The development of gross and fine motor skills is emphasized. There are several fun and educational enrichment experiences each year. The parents benefit by assisting the teacher in the classroom. This allows you, the parent, to observe your child in a classroom environment interacting with other children and provides you with the chance to get to know other parents and their children. Our teachers work hard to create a unique, nurturing and compassionate environment where children learn through play.

A co-op is a non-profit organization, which is “owned and operated” by the membership. The success of the co-op depends on the involvement of its members. This may not be for everyone. You help run the preschool and have a say in decisions that are made. Parents, as integral members of the group, are assigned a job to perform for the entire year; whether it be ordering supplies and equipment or working in the library – all are essential. In addition to your job assignment, you will assist in the classroom each month. This is a special time for you and your child.

To maintain our low monthly tuition rates, you will be required to participate in fundraising activities. The funds are generated to meet operating expenses (teacher’s salaries, rent, etc.). Members also attend a monthly general membership meeting, where co-op business is discussed, decisions are made, ideas and information are shared.

As you can see, in partnership with your child’s teacher, you will become a key participant in your child’s co-op experience. This is a role that can be the most rewarding, memorable experience of your life.

We hope that you choose Island Preschool to provide your child’s first “school experience”.

Please feel free to call if you have any questions.

Sincerely,

Executive Board
Island Preschool, Inc.
(734)675-5825

(revised August 2009)

ISLAND PRESCHOOL, INC.
POST OFFICE BOX 43, GROSSE ILE, MI 48138

THREE YEAR OLD CLASS

Tuesday and Thursday
8:30-11:00 am
Tuition: \$95.00/month

FOUR YEAR OLD CLASS

Monday, Wednesday and Friday
8:30-11:30 am
Tuition: \$130.00/month

“KINDERGARTEN PREP” PACKAGE

Monday, Wednesday, and Friday
8:30-2:30 pm
*Includes 4 year old class, bring own lunch from home
Tuition: \$260.00/month

CLASSROOM LOCATION: 23276 East River Road. We are located in the Administration Building, directly behind the Grosse Ile Middle School. We have 3 classrooms in this building.

GENERAL MEMBERSHIP MEETINGS: Are held in September, November, January, March, and May on the second Monday of the month at 7:30 pm. Meeting dates are subject to change, occasionally, although ample notice will be given. Adult only attendance at these meetings is mandatory.

TO APPLY FOR MEMBERSHIP: Complete the application packet and return along with all monies due (see application form) to: Island Preschool, Inc., P.O. Box 43, Grosse Ile, MI 48138.

If you have any questions, please feel free to contact
Applications Chairperson at (734) 675-5825.

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TEACHER INFORMATION SHEET

Please answer each question on the information sheet regarding child being enrolled in Island Preschool.

1. Child's name: _____ Sex: _____ Birth date: _____
2. Name you would like him/her to use in school: _____
3. Address: _____
4. Telephone: (home) _____ (cell) _____ (work) _____
5. Father's Name: _____ Occupation/Employer: _____
6. Mother's Name: _____ Occupation/Employer: _____
7. Siblings & Ages: _____
8. Does your child have previous preschool experience? _____ yes _____ no
9. What do you expect your child to gain from their Preschool experience?

10. Is your child on medication? _____ yes _____ no if so, what kind? _____
11. Is medication administered prior to school? _____
12. Are there any problems with:
_____ Hearing _____ Allergies _____ Coordination*
_____ Speech _____ Bladder/Bowel Control *special shoes, walking, step
_____ Vision _____ Sleeping climbing, handling objects, etc.
_____ Eating (any foods your child should not have?) _____

13. Does your child have any nervous habits, tantrums or fears? _____
14. If this occurs, what helps alleviate the behavior? _____

15. Are you anticipating separation anxiety when your child begins preschool? _____
16. Is there anything else you feel the teacher should know (recently moved, death in family, new baby, etc.?)

17. Is your child left or right handed? _____ left _____ right
18. What ages and sexes are his/her closest playmates? _____
19. What activities does your child like to do at home? _____
20. Will you be the assisting parent in the classroom? _____ yes _____ no
If not, please name the person who will assist: Name: _____
Address: _____ Phone: _____
21. During one of your assisting days, what special projects/talents would you be willing to share with
the children once or twice during the year? _____

22. Are there any enrichment experiences or parent education topics you would like to see us take part in
or any you could help arrange? _____

23. Are you qualified to serve as a substitute teacher? _____ yes _____ no

*If yes to #23, forward information to Director

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BACKGROUND INFORMATION

Section A

For the protection of your child, the Family Independence Agency of the State of Michigan requires that ALL adults volunteering in the classroom answer the following questions:

1) Have you ever been convicted of any offense more serious than a minor traffic violation?

_____ yes _____ no If yes, please explain and include state in which the offense occurred and the disposition of the offense. _____

2) Have you ever had a substantiated case of child or adult abuse against you?

_____ yes _____ no If yes, please explain: _____

Section B

The following information is necessary for background screening purposes. Please complete in its entirety. If both mother and father are planning to volunteer in the classroom, please fill out complete information for both. Any volunteer who refuses to provide this information will be excluded from participation in the Island Preschool, Inc.

Student Name _____ Class _____

Mother's Full Legal Name _____

Former or Maiden Name _____

Birth date _____ Race _____ Driver's License Number _____

Address _____ Telephone _____

List other states in which you have lived in the past 10 years _____

Father's Full Legal Name _____

Former or Maiden Name _____

Birth date _____ Race _____ Driver's License Number _____

Address _____ Telephone _____

List other states in which you have lived in the past 10 years _____

Working volunteers other than the mother and father for the enrolled child must comply with the Family Independence Agency clearance requirements. More information is available, please contact the GDCNC board member.

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Board Use Only:

Give this form to GDCNC board member.

(revised December 2007)

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ENRICHMENT RELEASE/PUBLICITY RELEASE/MARKETING INFO

Child's name: _____

Section A Release for Enrichment (Field) Trips:

We understand that any Enrichment Trips attended by our child are strictly our responsibility. Island Preschool, Inc. accepts no responsibility for the safety of our child. These events are parent sponsored and we understand that our child and we are not required to attend the event, but if we elect to attend we are accepting full responsibility for taking our child to the event, supervising the child while at the event and taking our child home from the event.

Mother's signature _____ Date _____
Father's signature _____ Date _____

Section B Publicity Release:

<input type="checkbox"/>	I agree with the use of my child's picture in any publicity format the Island Preschool, Inc. may use (i.e. school newsletter, brochures, offspring newsletter, or school hallways.)
<input type="checkbox"/>	I disagree with the use of my child's picture in any publicity format the Island Preschool, Inc. may use (i.e. school newsletter, brochures, offspring newsletter, or school hallways.)

Mother's signature _____ Date _____
Father's signature _____ Date _____

Section C Marketing Information:

How did you first learn of Island Preschool?

_____ Advertising _____ Referral _____ Former Member _____ Other

Reason you selected Island Preschool: _____

Board Use Only:

Give this form to Membership Applications board member, Teacher and Director.

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COMMITTEE SELECTION

Parent's name: _____ Phone: _____
Child's name: _____ Class: 3am 4am

Please number the top 5 committees you are interested in serving on in order of preference. Please understand that all attempts will be made to place you in one of your selected committees, but you may be placed on another committee depending on need.

_____ BOOK CLUB - process book club orders (about 1/mo.) includes collecting money & distributing books, inform membership of book points to encourage sales.

_____ CLASSROOM REPAIR/CLEANING CREW & MAINTENANCE/ROOM ORG - handle minor repairs, report major repairs to landlord; move heavy or large items in classrooms; launder costumes & toys, clean interior windows & other minor cleaning; organize classrooms, keep mailboxes current, light cleaning duties; chairperson will schedule meetings every other month & assist staff advisor.

_____ EQUIPMENT & SUPPLIES - purchase classroom supplies & equipment (should have a warehouse membership such as Sam's,) organize supplies, conduct inventory, clean storage spaces.

_____ FIELD TRIPS - schedule in house enrichment programs & field trips (6 events/year.)

_____ FORMS & HEALTH - maintain and file all preschool health forms; submit electronic weekly report to Health Dept., ensure OSHA compliance, present OSHA standards at 1st general membership meeting; medical background is beneficial.

_____ PARTIES - take pictures at special events, plan & organize all classroom parties (approx. 7/year.)

_____ LIBRARY - organize & maintain classroom library weekly, communicate with book order committee regarding collection.

_____ SCHEDULING - maintain monthly working calendar, create play dough schedule & schedule all assisting parents to work in the classroom. Record and maintain number of days worked and number of snacks brought per month.

List committees and/or board positions you have served on in the past for Island Co-Op Preschool.

_____ Do you have access to free or discounted materials or services (i.e. newsprint, art/office supplies, books, records, warehouse memberships, computer/printer, copy machine, other.) If yes, please specify: _____

_____ Do you have access to persons or businesses suitable for enrichment experiences (i.e. airport, post office, greenhouse, etc.) or visits to the classroom (i.e. Santa, fireman, dentist, etc.?)
If yes, please specify: _____

_____ Do you own any equipment or tools that could be used in committee work or the classroom?
If yes, please specify: _____

ISLAND PRESCHOOL, INC.

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ARTICLES OF AGREEMENT

Student's name: _____ Class: 3am 4am K-Prep (circle one)

We, the undersigned, will comply with and be governed by the Bylaws, Rules and Regulations of Island Preschool, Inc. We understand and agree to the following:

1. Both parents/guardians of children enrolled in Island Preschool, Inc. as active cooperative preschool parents, may vote (one per enrolled child,) and hold office.
2. At least one parent shall take his/her turn assisting the teacher during classroom sessions on a rotating basis (unless non-assisting member.) In the event of an inability to attend, the parent is responsible for finding a substitute following the guidelines as outlined in the Membership Information Binder.
3. Members with more than one child enrolled at the same time, shall work for each child enrolled as scheduled (unless non-assisting member.)
4. Any working parent hiring a paid assistant to work in the classroom must submit, in writing, the name of the paid assistant to the Teacher or an Executive Board Member. The paid assistant will be placed on probation for a two month period.
5. At least one parent shall attend General Membership meetings. General Membership meetings are held the second Monday of every other month at 7:30 pm unless otherwise notified. Attendance at these meetings is mandatory. However, a member may miss one meeting without penalty. If a second meeting is missed, the member will be fined \$5.00 to be paid with the next tuition payment, and may be requested to attend the next Executive Board meeting. Any member missing a third meeting will be fined \$25.00 to be paid with the next tuition payment and must attend the next Executive Board meeting. Any members who does not pay the appropriate fine by the 15th of the month following the missed meeting will have their membership terminated.
6. Members shall serve on the Executive Board or one standing committee.
7. Members shall participate in fundraising projects. **PARTICIPATION IS MANDATORY.**
8. Members shall notify the teacher and the Health Chairperson of any communicable disease and grant permission by signature on this form to notify our member families of any communicable diseases their child may have been exposed to. (In accordance with the law, AIDS, HIV or ARC are not included in the communicable diseases which must be reported.)
9. Entrance to Island Preschool, Inc. will be delayed until child health forms are completed and on file at the school.
10. Each member is required to become familiar with the Constitution, Bylaws, Rules and Regulations, Policies and Procedures, and the Guidelines outlined in the Membership Information Binder and to comply with the same.
11. In the event of withdrawal from Island Preschool, Inc. two weeks written notice must be given to the Membership Chairperson (applications/enrollment); members are responsible for scheduled work and tuition for this period.
12. Tuition is due and payable on the 5th of each month. A late fee of \$5.00 will be assessed if tuition and/or previous late fees are not received by the due date the next month.
13. A \$50.00 participation fee & deposit is due with the application. The participation fee will be refunded at the end of the School year if the member is in good financial standing and has completed the duties detailed in the Articles of Agreement, and has returned the Membership Information Binder.
14. At least one parent **MUST ATTEND THE ORIENTATION MEETING.**

Mother's signature: _____ Date _____

Father's signature: _____ Date _____

CO-OP COPY

ISLAND PRESCHOOL, INC.

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Mother's signature: _____ Date _____

Father's signature: _____ Date _____

PARENT COPY - PLEASE KEEP FOR YOUR RECORDS

SECTION III – IMMUNIZATIONS

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES	DATE ADMINISTERED MM/DD/YYYY		VACCINES	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2			Influenza TIV/LAIV	1
DTaP/DTP/DT/Td/Tdap (Circle Type)	1	5	Meningococcal MCV4 / MPSV4		2
	2	6		Human Papillomavirus (HPV)	1
	3	7	OTHER Vaccines: Specify Date & Type		1
	4	8		2	4
Haemophilus Influenzae type b (HIB)	1	3	Type of Vaccine(s)	Date of Vaccine(s)	
	2	4	1		
Polio – IPV / OPV (circle type)	1	3	2		
	2	4	3		
Pneumococcal Conjugate (PCV7)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.</i>		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
Rotavirus (Rota)	1	3			
	2				
Measles, Mumps, Reubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			Parent/Guardian refused immunizations: <input type="checkbox"/>		
I certify that the immunization dates are true to the best of my knowledge:					
_____			_____		
<i>Health Professional's Signature</i>			Title _____ Date _____		

SECTION IV – RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other: _____
Other Recommendations: _____ _____		

SECTION V – DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____
child's name

_____ / ____ / _____
Dentist's Signature Date

PHYSICIAN'S SIGNATURE

Examiner's Signature Date _____ Examiner's Name (print or type) _____ Degree or License _____

 Number & Street City MI ZIP Code Telephone: _____

Information required for:

Early On® - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing – Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the schedule of well-child care required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health; Michigan American Association of Pediatrics; Early Childhood Investment Corporation; Child Care Licensing, Head Start, Michigan State Medical Society; Michigan Association of Osteopathic Physicians and Surgeons

To: All Island Preschool Co-op Child Care Workers & Classroom Volunteers
From: Membership/GDCNC Rep, Island Preschool Co-op
Re: FIA Clearance

We are looking forward to another successful year at Island Preschool Co-op. As you know, our program thrives because of the collective efforts of the Island Preschool Parents and Staff. According to States Law all adults working with Co-op children must have FIA Clearance prior to the start of each new school year. Effective immediately, all unsupervised volunteers and staff members offering contact with children while in the care of a child care center, must have clearance form the FIA, confirming “that he or she has not been placed on the central registry for substantial abuse or neglect...”

This necessary procedure ensures the safety of your child, and every other child in the Co-op Program. As an example, only a volunteer with FIA clearance can take a child to the bathroom without direct supervisions from a paid staff person. **ALL VOLUNTEER PARENTS/ADULTS WILL NEED THE FIA CLEARANCE.**

Each volunteer parent/adult will need to visit the Department of Family Services in Taylor, Michigan to receive clearance. Please make time in your schedule to accomplish this BEFORE the start of the preschool year. Please follow the five steps below to acquire the required clearance:

1. Visit the FIA in person (no appointment necessary):
Wayne County DHS
Children & Family Services
25350 Ecorse Rd.
Taylor, MI 48180
2. Bring your Social Security Card and Drivers License to the address above.
3. You may need to provide the FIA with the name & address of the preschool.
Island Co-Op Preschool, Inc.
23276 East River Road
Grosse Ile, MI 48138
734-675-5825
4. You will need to collect your proof of FIA clearance in person or have it mailed to you. (It may be necessary for you to return after a 24-48 hour period in order for the office process your request.)
5. Turn in your FIA Clearance letter to the GDCNC/Membership Board Member.

**CHILD INFORMATION RECORD
STATE OF MICHIGAN**
Department of Human Services
Bureau of Children and Adult Licensing

Date of Admission		Allergies					
Date of Discharge							
Name of Child (Last, First, Middle Initial)				Address (Number and Street, Building/Apartment Number)			
Child's Date of Birth		Home Phone ()		City		State	Zip Code
Father/Legal Guardian's Name		Home Phone		Mother/Legal Guardian's Name		Home Phone	
Home Address (if not child's address)		Cell Phone		Home Address (if not child's address)		Cell Phone	
City	State	Zip Code	City	State	Zip Code		
Employer/School Name				Employer/School Name			
Address (Employer/School)				Address (Employer/School)			
City	State	Zip Code	City	State	Zip Code		
Employer/School Phone		Daily Work/School Times		Employer/School Phone ()		Daily Work/School Times	
Name(s) of Person other than Parent or Legal Guardian to whom child may be released							

BCAL-3731 (Rev. 3-08) Previous edition may be used.

See Reverse Side

I give permission to _____, licensed by the Department of Human Services (Provider's Name)			
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.			
Signature of Parent or Guardian			Date Signed
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier	
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number	
Special Needs:		Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot	
Name of Local Person to be Notified in an Emergency When Parents Not Available		Local Address of Emergency Person	
Home and/or Cell Phone ()	Work Number ()	City, State	Zip code
Special Instructions:			
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.			AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.

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