

TOTS Cooperative Nursery School

Dear TOTS Members:

We are delighted your child/children will be attending TOTS for the 2014-15 school year. The following forms (which are required by the State of New Jersey) must be completed and returned to TOTS by 09/8/14. Your child cannot attend class unless these forms are on file at TOTS.

All adults working in the classroom at TOTS must be free of TB, therefore the school must have on file the results of a TB Mantoux Test or a Chest X-ray. The test results are good for three years. If you are pregnant, you may postpone the test until your doctor feels it is safe. Please submit a doctor's note concerning this matter. Adults working in the classroom need to submit two personal reference forms. If you have previously submitted reference forms, they are kept on file and do not need to be resubmitted. Also, adults who work in the classroom need to submit a criminal record disclosure form every year.

All children attending TOTS must have a medical examination: six months prior to admission, for children who are 2 ½ years, or one year prior to admission for children above 2 ½ years. Please make sure their immunizations are up to date, including the new State mandated flu shot for children 60 months of age and under. Have your child's doctor complete the medical form found at <http://www.state.nj.us/health/forms/ch-14.pdf>. The doctor's office must use a stamp to validate medical records. These medical forms are the only acceptable forms to be used and submitted. If you have a child who is not three years old by 10/01/14, you need to submit a copy of their birth certificate.

Attached is the 2014-15 school year tuition payment schedule. The 1st payment is due 8/1/14 and the last payment is due 5/1/15. Please mail August and September payments to 2618 New Albany Road, Cinnaminson, NJ 08077. The remainder of payments may be deposited in the TOTS mailbox at school. A penalty fee of \$5.00 is due for each payment received after the 5th of the month.

A parent orientation meeting will be held in conjunction with your child's classroom open house on Tuesday, September 9th and Wednesday, September 10th. All registered students will receive a letter from their teacher before school starts with your open house date and time. It is expected that one adult member from each TOTS family attends this important meeting. The parent who will assume classroom duties should be the one to attend. The TOTS Handbook, the school calendar and an informational folder will be distributed at this meeting.

Please check TOTS website frequently for news and updates: **www.totsdelran.com**.

If you have any questions or concerns, please email (totscoopnurseryschool@verizon.net) or call TOTS at 856-786-8877.

Thank you in advance!

Student Enrollment Form Checklist

- ☐ Child Care Emergency Contact Info
- ☐ Application for Child's Enrollment
- ☐ Enrollment Agreement
- ☐ Parental Authorization for Emergency Treatment
- ☐ Food Allergy Action Plan <http://www.foodallergy.org/document.doc?id=234>
- ☐ Universal Child Health Record <http://www.state.nj.us/health/forms/ch-14.pdf>
- ☐ Immunization Record
- ☐ Adult TB Test form
- ☐ Criminal Record Disclosure Statement
- ☐ Personal Reference Forms (2)
- ☐ Committee Volunteer Sign Up
- ☐ Student Photograph Consent Form
- ☐ Special Request for Duty Scheduling
- ☐ Reduced Duty Option

Please use this checklist to make sure you have submitted all enrollment documents to TOTS. If you are unable to have an Adult TB test at this time, please attach a note to the form for our files. If you have a well check pediatrician visit scheduled, please attach a note with the date of your child's next appointment and copies of their last check up. Children will not be admitted to class if files are incomplete. Your cooperation is greatly appreciated!

Childcare Emergency Contact Information



Tots Cooperative Nursery School
2618 New Albany Road, Cinnaminson, NJ 08077
PO Box 1727, Delran, NJ 08075
(856) 786-8877
totscoopnurseryschool@verizon.net www.totsdelran.com

Child's name: _____ Birthdate: _____
Parent/guardian names: _____ Home Phone # _____
Mother's Work # _____ Mother's Cell # _____
Father's Work # _____ Father's Cell # _____

Emergency Contacts to whom child may be released if parent/guardian is unavailable:
(person who can be reached during child's class time!)

Name and relationship #1: _____
Telephone numbers: Home: _____ Cell: _____
Name and relationship #2: _____
Telephone numbers: Home: _____ Cell: _____

Child's Health Care Provider Name: _____
Phone#: _____ Address: _____

List special conditions, disabilities, allergies or medical information for emergency situations: _____

List preference for transport arrangement in an emergency situation (Parents/guardians are responsible for all emergency transportation charges.): _____

Hospital preference: 1st choice: _____ 2nd choice: _____

Parent/Guardian Consent and Agreement for Emergencies:

As parent/guardian, I give my consent to have my child, _____ receive first aid by the childcare staff, and, if necessary, be transported to receive emergency care. I also authorize the Director, or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs.

Parent/Guardian Signature #1: _____ Date: _____

Parent/Guardian Signature #2: _____ Date: _____

ENROLLMENT APPLICATION for TOTS COOPERATIVE NURSERY SCHOOL

Child/Children Information

Name:	Birth Date:
Name:	Birth Date:
Home Address:	
Parent Information	Mother
Name:	Father
Home Address:	
Phone #:	
Business Name:	
Business Address:	
Business Phone#:	
Email address:	

Emergency Information

People authorized to pick up your child and/or contact in cast of emergency if neither parent is available to assume responsibility for the child.	
Contact Name:	Relationship:
Phone#:	
Address:	
Contact Name:	Relationship:
Phone#:	
Address:	

Pediatrician Information

Child's Doctor:
Telephone:
Address:

CUSTODY: Name of person prohibited from picking up child_____.

If a non-custodial parent is NOT included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.

POLICIES: I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:

Information to Parents Document	<input type="checkbox"/> yes	<input type="checkbox"/> no
Policy on the Release of Children	<input type="checkbox"/> yes	<input type="checkbox"/> no
Policy on Discipline	<input type="checkbox"/> yes	<input type="checkbox"/> no
Policy on the Expulsion of Children from Enrollment	<input type="checkbox"/> yes	<input type="checkbox"/> no
Policy on the Mgmt. of Illnesses/Communicable Diseases	<input type="checkbox"/> yes	<input type="checkbox"/> no

OFFICE OF LICENSING ~ INFORMATION TO PARENTS

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may secure a copy of the Manual of Requirements by sending a check or money order for \$5.00 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJ Department of Children and Families, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll-free 1-877-667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parent(s) to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the Office of Licensing's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the Office's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the Office for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parent of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at, is available at <http://www.cpsc.gov/cpsc.gov/cpscpub/prerel/prerel.html>. Internet access may be available at your local library. For more information call the CPSC at 1(800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline: toll Free at 1-877-NJABUSE. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.nj.gov/dcf and select Publications.

OOL4/11/13

POLICY ON THE RELEASE OF CHILDREN

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:

1. The child is supervised at all times
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s) and
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division's 24 hour child Abuse Hotline (1-877-NJ-Abuse [1-877-652-2873] to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgement of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

The child may not be released to such an impaired individual

Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s) and

If the center is unable to make alternative arrangements, a staff member shall call the Division's 24-hour Child Abuse Hotline (1-877-NJ-Abuse) [1-877-652-2873] to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

POLICY ON THE MANAGEMENT OF COMMUNICABLE DISEASES

A center serving well children shall not permit a child who has any of the illnesses or symptoms if illness specified below to be admitted to the center on a given day unless medical diagnosis from a health care provider communicated to the center in writing, or verbally with a written follow up. If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home

Severe pain or discomfort	Acute diarrhea
Episodes of acute vomiting	Elevated oral temperature of 101.5 degrees F
Lethargy	Severe coughing
Yellow eyes or jaundice skin	Red eyes with discharge
Infected, untreated skin patches	Difficult or rapid breathing
Skin lesions that are weeping or bleeding	Skin rashes in conjunction with fever or behavior changes
Mouth sores with drooling	Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center.

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

A child who contracts any of the following diseases may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others:

RESPIRATORY ILLNESSES

Chicken Pox
German Measles *
Hemophilus Influenzae *
Measles *
Meningococcus *
Mumps *
Strep Throat
Tuberculosis *
Whooping Cough *

GASTROINTESTINAL ILLNESSES

Campylobacter *
Escherichia coli *
Giardia Lamblia *
Hepatitis A *
Salmonella *
Shigella *

CONTACT

Impetigo
Lice
Scabies
Shingles

*Reportable diseases, as required by N.J.A.C. 10:122-7.10(a).

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

DISCIPLINE POLICY

The TOTS staff feels discipline is a means of helping children gain self-control and accept rules of social living. We provide an environment in which children can relate naturally with each other while staff identifies children's strengths and weaknesses in order to implement appropriate problem solving skills. We believe children need to understand rules and practice them. Self-control can be nurtured by interaction with other children under the guidance of staff and duty parents.

We help the children learn that limits are necessary to maintain safety, protect health and guard the rights of others; that there are consequences for various behaviors; and that there are ways to channel feelings and needs into acceptable means of expression. We do this by stating and reinforcing clear, consistent rules and guidelines; giving positive directions; using calm dependable voices and movements; having direct eye contact at the child's level; listening to the child's side of the problem; praising efforts; redirecting children and activities; preparing for transitions; and role modeling. Furthermore, we make the distinction that behavior may be unacceptable while a child is loved and accepted. As Lorton and Walley write in Introduction to Early Childhood Education "(Good discipline) comes from a balanced combination of respect, love and order. Good discipline helps children grow in respect for themselves and concern for the welfare of others."

EXAMPLE STATEMENTS TO USE FOR:

- ...clear, consistent rules and guidelines
"Please throw your cup and napkin in the trash can after snack."
- ...positive directions
"We walk inside. You may run outside."
- ...protecting the rights of others
"Susan is using that doll. You may use this doll or wait until she is done playing with her doll."
- ...listening to the child's side of the problem
"John, can you tell me what happened?"
- ...praising efforts
"Sally, I like the way you remembered to clean-up when you were finished playing with the blocks."
- ...redirecting children and activities
"Sammy, there isn't enough space for you and your truck at the sand table right now. Why don't you bring your truck over here in the block corner?"
- ...preparing for transitions
"Clean up time will be in a few minutes so finish up what you are doing."
- ...role modeling
"Jane, this is the way we stack the blocks on the shelf. Why don't you do the next block?"
- ...acceptable child / unacceptable behavior
"Timmy, I love you but I don't like your behavior when you throw toys."
- ...reminding children of the rules
"Let's all hold onto the railing when we go up the stairs."

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

The child is at risk of causing serious injury to other children or him/herself.

Parent threatens physical or intimidating actions toward staff members.

Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payments

Failure to complete required forms including the child's immunization records

Habitual tardiness when picking up your child

Verbal abuse to staff

CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time

Uncontrollable tantrums/angry outbursts

Ongoing physical or verbal abuse to staff or other children

Excessive biting

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.

The parent/guardian will be informed regarding the length of the expulsion period

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center

The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks notice depending on children's welfare or safety)

Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center

A child will not be expelled if a child's parent(s) have made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements, have reported abuse or neglect occurring at the center, questioned the center regarding policies and procedures, or without giving parents sufficient time to make other child care arrangements

TOTS Cooperative Nursery School Cooperative Agreement

As a member of Tots Cooperative Nursery School, I agree to the following requirements:

- To participate in the classroom as scheduled on a rotating basis for co-op enrollment. I understand that it is my responsibility as a member of TOTS to fulfill my classroom duty obligations as listed on the Master Duty Schedule. It is my sole responsibility to secure a replacement for my scheduled duty if I am unable to fulfill it. This includes making a switch with another family or hiring and paying a substitute \$20.00. If I fail to perform a scheduled duty, a \$35.00 penalty will be levied. Should a second offense occur, a \$50.00 penalty will be levied. Any unauthorized absences after that will result in a meeting with the family and director of TOTS
- To serve on a committee; for co-op and non-co-op enrollment
- To meet the yearly tuition and fees obligation for the class(es) in which my child(ren) is enrolled. These payments are collected on the 1st of the month, starting in August 2014. I understand that if my tuition payments fall behind two months, my child will not be able to attend school until the account is current.
- I understand that for my child to attend classes, all registration information must be filled out and returned to TOTS by 09/8/14. There are NO EXCEPTIONS for missing paperwork.
- To attend one of the cleaning days held throughout the school year (September or January) or opt out by paying the work session fee. Should you fail to attend either cleaning day, you will be billed the opt out fee of \$25.00 in February.
- I have reviewed and agree to abide by the TOTS Cooperative Nursery School's Handbook which is available online at www.totsdelran.com, or by request from the Director. In the interest of health and safety of my child and those children enrolled, I agree to follow the policies set forth by TOTS regarding discipline, release of children, health care provisions, management of communicable diseases and expulsion of children from enrollment. In the interest of fulfilling my school membership obligations, I further agree to abide by the school's guidelines pertaining to arrival and dismissal times, classroom duty parent obligations (including penalties for failing to report for my scheduled duty) and financial responsibilities (including penalties for late payments and returned checks).

Signature of Parent/Guardian Date

Signature of Registrar Date

Parental Authorization for Emergency Treatment



Tots Cooperative Nursery School
2618 New Albany Road, Cinnaminson, NJ 08077
PO Box 1727, Delran, NJ 08075
(856) 786-8877
totscoopnurseryschool@verizon.net www.totsdelran.com

Child's name: _____ Birthdate: _____

Parent/guardian names: _____

Address: _____

Child's Medical Information:

Medical Problems: _____

Allergies: _____

Medicine(s) Child is Taking: _____

Medicine(s) Child is Allergic to: _____

Name of Child's Health Care provider: _____ phone# _____

Child's Insurance: _____

Company/HMO: _____

Group Number: _____ Id # _____

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

- The parent/guardian will be contacted immediately.
- The child's health care provider will be contacted
- We will attempt to contact you through all of the emergency persons listed on the Child Care Emergency Contact Information form
- If we cannot contact you or your child's health care provider, we will do any of the following:
 - Call for emergency first aid assistance/transportation.
 - Call another health care provider.
 - Have the child transported to an emergency hospital in the company of a staff member.

Parent/Guardian Signature #1: _____ Date: _____

Parent/Guardian Signature #2: _____ Date: _____

ADULT TB TEST FORM

Patient's Name: _____

Address: _____

Phone# _____

_____ had a Mantoux Tube Test with five TU
Patient's Full Name

of PPD tuberculin on _____ and was checked _____
Month Day Year Month Day Year

and is free of TB.

DATE _____

PHYSICIAN'S SIGNATURE _____

ADDRESS: _____ PHONE# _____

(For address and phone number please use a stamp or sticker. Thank you)

*****OR*****

_____ had a chest xray on _____
(Patient's full name) Month Day Year

and is free of TB.

DATE _____

PHYSICIANS SIGNATURE _____

ADDRESS: _____ PHONE# _____

(For address and phone number please use a stamp or sticker. Thank you)

Note: The result of the Mantoux test is good for three years.
The result of a chest x-ray is good for three years.
The result of a TB Tine Test is no longer acceptable.

Criminal Record Disclosure Statement

Dear Parent:

In keeping with New Jersey's childcare center licensing requirements, we must have on file a criminal record disclosure for any parent working in the classroom at TOTS. Please complete the information below and return to TOTS.

Name of parent:

I have not been convicted of a crime ☐

I have been convicted of a crime ☐

If convicted, explain:

Signature: _____ Date: _____

Personal Reference Form

_____ will be a classroom duty person at TOTS COOPERATIVE NURSERY SCHOOL. We would appreciate your completing this reference form. Please return form to above named person. Thank You!

How long have you know this person? _____

In what capacity/relationship? _____

This person will be working with small children ages 2 ½ to 5 years. Can you attest to her/his suitability to work with children of this age? _____

Is this person, in your opinion, of good character? _____

Signature: _____ Phone# _____

Address: _____

Personal Reference Form

_____ will be a classroom duty person at TOTS COOPERATIVE NURSERY SCHOOL. We would appreciate your completing this reference form. Please return form to above named person. Thank You!

How long have you know this person? _____

In what capacity/relationship? _____

This person will be working with small children ages 2 ½ to 5 years. Can you attest to her/his suitability to work with children of this age? _____

Is this person, in your opinion, of good character? _____

Signature: _____ Phone# _____

Address: _____

COMMITTEE VOLUNTEER SIGN UP 2014-15

The success of TOTS Cooperative Preschool depends on the support of our families. Please choose **at least** one area that you will be able to volunteer your time and talents to help make these events possible. Please return the bottom portion of this form with your enrollment package. Thanks!

Fundraising – work on one or more fundraising activities throughout the year including but not limited to yard sale, basket auction, KidStuff Coupon books,

Classroom Parent – make play-dough, assist teacher with special class activities/parties, make phone calls when necessary

House and Grounds - check bike tires, inflate playground balls 1 time per year, maintain supplies in shed (1st aid, paper towels, kleenex), monthly classroom clorox wipe downs of toys, tables, chairs, etc., maintain vacuums (changing bags), TOTS “wish list”

Hospitality – organize and participate in monthly Mom’s/Couples/Family gatherings, pasta dinner committee, various before/after school activities for kids, staff appreciation lunch

Publicity - collect pictures of all TOTS events, trips, and special classes, submit photos to local newspapers, flyer distribution in surrounding communities for Open House, fundraisers, enrollment, events, etc, presence at area parades, family fun days, township days.

Name: _____ Phone: _____

Email: _____

Committee(s): _____

Student Photograph Consent Form

Photographs and video images of students in TOTS are sometimes submitted to area newspapers or will be posted on our school website and/or Facebook page for the purpose of sharing student activities with the surrounding community.

We are sending you this parental consent form to both inform you and request permission for your child's photo/image to be shared in the following ways. If you wish to rescind or amend this consent at any time, contact the Director of TOTS at (856) 786-8877.

Check below two of the following choices:

- ☐ I/We GRANT permission for a photo/image that includes this student to be shared with local newspapers. Under no circumstances will TOTS release the child's name or personally identifiable information with such images.
- ☐ I/We GRANT permission for this student's photo/image to be published on the TOTS school website and/or Facebook page. Under no circumstances will the child's name or other personally identifiable information appear with the photo image.
- ☐ I/We DO NOT GRANT permission for this student's photo/image to be shared with local newspapers.
- ☐ I/We DO NOT GRANT permission for this student's photo/image to be posted on the TOTS website and/or Facebook page.

Student's Name: (please print) _____

Name of Parent/Guardian: (please print): _____

Name of Parent/Guardian: (please sign): _____

Date: _____

Pursuant to law, we will not release any photos/images of you child without your permission. It is essential, therefore, that this signed form be returned TOTS.

Request for Duty Scheduling

Parents are scheduled to work in the classroom, depending on days attending, at least once a month. You will be scheduled for duty only on days your child attends school. If you are unable to perform a scheduled duty, it is your responsibility to find and secure a replacement. You can switch duties with another parent or hire a substitute. A list of approved substitutes is in the TOTS directory. All changes must be recorded in the Master Duty Schedule, and teachers must be notified in writing.

In order to accommodate special extenuating circumstances, please submit requests no later than August 15th. Approved circumstances include medical issues, pregnancy, caring for a newborn, conflicting work/school schedules, vacation plans, and/or involvement in a carpool. Every attempt will be made to accommodate these requests.

There will be a sign up for September and October duty during the first week of school. The Duty Schedule for November thru January 2015 will be distributed in October. The final duty schedule will be distributed in January.

Name: _____ Session: _____

June 2014

Dear TOTS Family,

We would like to welcome you to the 2014-15 school year at TOTS. Our cooperative preschool relies on its members to provide a parent volunteer to perform classroom duty for every session of every class. When our school reaches full enrollment, you can expect the following **estimated** duty obligations:

10 duty days per year for 2 day/week students
12 duty days per year for 3 day/week students
14 duty days per year for 4 day/week students
16 duty days per year for 5 day/week students
14 duty days per year for multiple siblings in program

Duties are assigned equally among families and classes. The number of estimated duties per year **increases** if enrollment is not 100%.

This year the TOTS is happy to offer the option of performing a total of 5 classroom duties during the course of the year for an increase in tuition. The 5 duties will be scheduled in your child's classroom only.

Additional Cost

2 days/week ~ \$ 120.00
3 days/week ~ \$ 180.00
4 days/week ~ \$ 240.00
5 days/week ~ \$ 320.00
Multiple siblings ~ \$ 320.00

If you are interested in this option, please contact Julie Holt (julie.holt@comcast.net) by August 30, 2014.

2014-2015 tuition payment schedule

Days/week	Tuition	10 pymts	Tuition w/ buyout	10 pymts
2	\$1,600.00	\$160.00	\$1,720.00	\$172.00
3	\$2,100.00	\$210.00	\$2,280.00	\$228.00
4	\$2,600.00	\$260.00	\$2,840.00	\$284.00
5	\$3,100.00	\$310.00	\$3,420.00	\$342.00
2+2	\$3,136.00	\$313.60	\$3,376.00	\$337.60
2+3	\$3,636.00	\$363.60	\$3,876.00	\$387.60
2+4	\$4,136.00	\$413.60	\$4,376.00	\$437.60
2+5	\$4,636.00	\$463.60	\$4,876.00	\$487.60
3+3	\$4,116.00	\$411.60	\$4,356.00	\$435.60
3+4	\$4,616.00	\$461.60	\$4,856.00	\$485.60
3+5	\$5,116.00	\$511.60	\$5,356.00	\$535.60
4+4	\$5,096.00	\$509.60	\$5,336.00	\$533.60
4+5	\$5,596.00	\$559.60	\$5,836.00	\$583.60
5+5	\$6,076.00	\$607.60	\$6,316.00	\$631.60