

# Registration Form | 2019-2020

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



**Please write clearly.**

Child's Name:		Date:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Child Prefers to be called (If different from above):	
Address:	Sibling Name(s):	Age	Alumni?*
	1.		
	2.		
	3.		
Ethnic Background:	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:		
<b>CLASS PREFERENCE NOTE: 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.</b>			
What Program do you prefer? (Check one.) <input type="checkbox"/> T TH (9:00 - 12:00) \$283 <input type="checkbox"/> M W (1:00 - 4:00) \$283 <input type="checkbox"/> Tuesday Sidekick* (Tuesday 12:30-3:30) \$172 <input type="checkbox"/> M W F (9:00 -12:00) \$399 <input type="checkbox"/> Toddler Class (Thursday 3:30-5:30) \$110		If this choice is not available, would you consider another? <input type="checkbox"/> Yes <input type="checkbox"/> No  2nd Choice: _____ 3rd Choice: _____	

- Age of entry:  
     Toddler ~ 1 year 9 months by September 1<sup>st</sup>  
     Weekday ~ 2 years 9 months by September 1<sup>st</sup>
- \*Tuesday Sidekick Class (12:30-3:30 p.m.): The Tuesday afternoon class is for four-year-old children in the M/W & T/Th classes to provide the older kids in these classes three days of preschool experiences a week.  
     This class has reduced parent participation and will be open to the M/W/F children when space permits.

○ We're interested in Reduced Parental Participation. This is the program in which the classroom participation **of the PARENT is reduced by: (check one if interested)**

- \_\_\_\_\_ Full (100%), Tuition is double (No class participation)
- \_\_\_\_\_ Half (50%), Tuition + ½ (Half Participation)

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, 2019. 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.) (8x per school year)
- Complete a provided 10 hours of Adult Education (Toddler class parents are exempt)
- Participate in the classroom (2 - 3 times per month)
- Attend 2 Work Parties (Toddler class parents are exempt)
- Pay monthly tuition on time (by the 10<sup>th</sup> 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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