# **Registration Form | 2025-2026**

ST. HELENA COOPERATIVE NURSERY SCHOOL 1201 Niebaum Lane, Rutherford, CA 94573 | 707-339-3334



## Please write clearly.

Child's Name:		Date:	Date:	
Date of Birth:	Child Prefers to be called (I	Child Prefers to be called (If different from above):		
Address:	Sibling Name(s):	Age	Alumni?*	
Parent/Guardian No. 1:	1.			
	2			
	3.			
	Co-op Status:  □ Currently Enrolled □ Returning			
	Please check one:  □ New to Co-op  □ Alumni*			
	*Please list alumni names and years: Parent/Guardian No. 2:			
	r arent/Guardian 140. 2.			
Address (if different than above):	Address (if different than al	Address (if different than above):		
Occupation:	Occupation:	Occupation:		
Cell Phone: ( )	Cell Phone: ( )	Cell Phone: ( )		
Home Phone: ( )	Home Phone: ( )			
Work Phone: ( )	Work Phone: ( )			
E-Mail:	E-Mail:	E-Mail:		
CLASS PREFERENCE NOTE: When choos the mixed age/gender ratios from year to year, for their Co-op career. These guidelines are not What Program do you prefer? (Check one.)	the class you choose now will	be the class your cl		
what Program do you prefer? (Check one.)	If this choice is not avai	ilable, would you c	onsider another?	
□ T TH (9:00 - 1:30) \$435		If this choice is not available, would you consider another?		
□ M W (9:00 - 1:30) \$435				
□ M T W TH (9:00 - 1:30) \$710	2nd Choice:			
□ Toddler Class (Friday 9:00-11:00) \$120				
<ul> <li>Age of entry:</li> <li>Toddler ~ 1 year + 9 months by Se</li> <li>Weekday ~ 2 years + 9 months by</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  $+\frac{1}{2}$  (Half Participation) Not applicable for toddler class.

All other Co-op responsibilities remain mandatory. A lottery will be held at registration for these nontransferable 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, 2025. 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) 339-3334

sthelenacoop.org

#### PARENT PARTICIPATION AGREEMENT

The CO-OP is a parent participation nursery school. Parents' efforts are crucial to the school's dayto-day running and to its overall existence. 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 8 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: \_\_\_\_

\_\_\_\_\_AGE

#### **OFFICE USE ONLY**

CLASS

CP

\_\_\_\_\_ SIBLINGS

FEE PAID

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

PARENT SIGNATURE

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