

Registration Checklist

Welcome to The Community Co-op for Near West Homeschoolers. We are delighted to have you join us and look forward to an exciting session together. Please register as soon as possible.

Below is a list of items you will find in this registration packet.

Keep

- master schedule (1 p)
- age range explanation (1 p)
- membership payment chart (1 p)
- parking map (1 p)
- calendar (1 p)
- what to bring (1 p)
- annual safety training & orientation notice (please mark your calendar) (1p)
- supply list (1p)
- handbook (please print out from our website & read before registering)

Turn In With Registration

- registration information form (1 p)
- waiver form (2 pp)
- medical emergency form (2 pp)
- team agreement (1 p)
- student agreement (1 p)
- parent agreement (1 p)
- membership payment check

Also

Mail in ASAP Upon Receipt (not included in this packet)

- background check forms and separate check (We will mail the forms to you upon receipt of your registration and membership payment.)

Please send completed registration forms with your check to:
The Community Co-op, PO Box 1843, Oak Park, IL 60304.
Make membership check payable to The Community Co-op.

Registration forms and first membership payment due:
Feb. 2

Master Schedule

	Atoms	Protons	Quarks	Neutrons	Electrons
9:00-9:45	Nursery	Tot Art	PE/Free Play	Writers' Workshop	
9:45-10:30	Nursery/Circle Time		Art		
10:30-11:15	Nursery		Classroom Free Play	PE	Hands-on Science
11:15-12:00	L U N C H				
12:00-12:45	Nursery	Tot PE/ Free Play	Explore Writers' Workshop	Studio Art	
12:45-1:30	Nursery		Classroom Free Play		
1:30-2:15	Nursery		Unit Studies	Hands-on Science	PE

Group Age Range Explanation

Children should be placed according to their target age ranges at the top of each column.

Exceptions for specific ages are included below in ().

Ages are based on the child's age on Sept. 1

(First day of session for children just turning 2)

Jr. Membership	Full Membership			
Atoms (Nursery) 6 wks - 23 months	Protons (Nursery School) 2-3 years old	Quarks 4-5 years old	Neutrons 6-8 years old	Electrons 9-12 years old
<p>Falls within this age range</p> <p>Not fully ready for structured group activities</p>	<p>Enjoys spending time with children in this age range</p> <p>Is learning to participate in structured classes</p> <p><i>Note: This group will have lots of free play time in the nursery. A child in this group may attend Tot Art and/or Tot PE which are held outside the nursery. Music and story time will be held in the nursery.</i></p> <p>4 year olds welcome</p>	<p>Enjoys playing with children in this age range</p> <p>Is ready to participate consistently in structured classes</p> <p>Can sit quietly and listen while a leader gives instructions</p> <p>Can follow age appropriate instructions</p> <p><i>Note: This group will have free play in the Quarks' classroom as well as in the gym in addition to their scheduled classes.</i></p> <p>6 year olds welcome</p>	<p>Enjoys playing with kids in this age range or younger</p> <p>Can sit quietly and listen while a leader gives instructions</p> <p>Can follow age appropriate instructions fairly independently</p> <p>Can be self-directed when given options</p> <p>If your child is 6 and socializes best with younger children, feel free to place him/her in the Quarks group.</p> <p>9 year olds welcome</p>	<p>Enjoys playing with kids in this age range</p> <p>If your child is 9 and socializes best with younger children, feel free to place him/her in the Neutrons group.</p> <p>13 year olds welcome</p> <p><i>(see also teen program options in class descriptions)</i></p>
<p>Flexible age range: (24-35 month olds)</p>	<p>Flexible age range: 2-3(4)</p>	<p>Flexible age range: 4-5(6)</p>	<p>Flexible age range: 6-8(9)</p>	<p>Flexible age range: (8)9-12(13)</p>

Changing groups: As with various scouting organizations, co-op groups are designed to last a full year. However, in the *next* session after an Atom turns 2, he or she may join Tot Art and/or Tot PE and become a Proton at full membership. This is a change in membership level and activities, but not a change in the group of kids as Atoms & Protons are both based in the nursery together.

Flexible age ranges: At certain ages, you may consider placing your child in the more appropriate group according to the ages indicated in parenthesis. These decisions should be made primarily based on ages your child is most comfortable with, not academics. Please consider the spirit of these descriptions and place your child where he or she will interact best. Once the group is chosen, that will be your child's group for the year (see exception for Atoms turning 2 above).

Registration Information

The Community Co-op 2009-2010

Name of Attending Parent/Guardian _____

***If you have not completed this information on a previous form
or if something has changed, please complete this section.***

Name of other parent/guardian _____

Address _____

Home Phone _____ Work Phone _____ (Mom or Dad?)

Cell Phone _____ Email Address _____

How did you first hear about the co-op? _____

Your Volunteer Role: Please refer to the "Help Wanted" list of jobs in order to answer the following question. Which level 1 job would you like to reserve as your primary volunteer role for the session? 1st choice _____ 2nd choice _____

Young Neutron Free Play: If your child will be in the Neutron group and is 6 or 7 years old before Sept. 1, would you like your child to have gym free play for 45 minutes in the afternoon instead of the second ½ of Studio Art? (See Young Neutrons Free Play in class descriptions.)

Yes, name(s) _____ No, thank you NA

The payment chart on the next page will help you complete this section.

Please list ALL of your children you will be bringing to The Community Co-op.

Child's Name	Age as of 1 st date of session (if 0-35 months) or Age as of Sept 1 (if 3-18 years old)	Birthday	Group Name	Today's Payment

	Subtotal
Would you like to make a tax deductible donation to the co-op? If so, please add in here.	
Total	

\$ _____ Total Enclosed (first payment is required at this time)

Registrar: Lori Nitzsche, Lori@homeschoolcommunitycoop.org, (708) 524-2758

<i>Office Use</i>	Date received	Check #	<i>Distribution:</i> treasurer	schedule coordinator	secretary
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Membership Payment Chart

Membership Dues Per Session

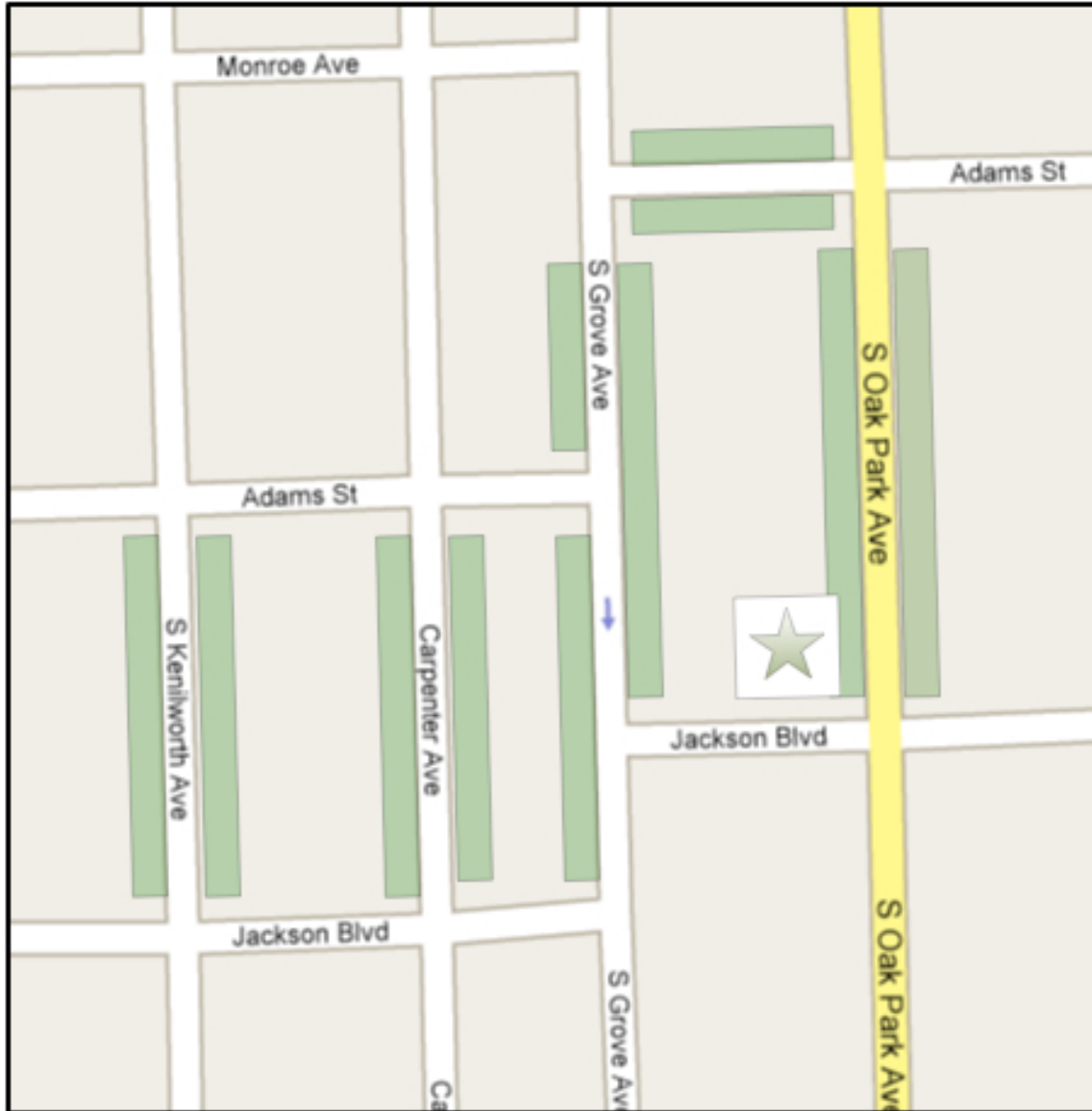
2009-2010 First Day of Session Dates: 9/17 & 2/11

For full memberships, you have the option of making one payment for the entire session or splitting the payment (according to the chart). Junior memberships must be paid in full at the time of registration.

Full Payment if Making One Total Payment, Due With Registration	First Payment If Splitting, Due With Registration	Second Payment If Splitting Due:
1st Session 8/15 reserved families 9/3 all other families	1st Session 8/15 reserved families 9/3 all other families	1st Session 10/15
2nd Session 1/21 returning families 2/2 new families	2nd Session 1/21 returning families 2/2 new families	2nd Session 3/18

Junior Membership	0-23 months old or 2 years old not participating in Tot PE nor Tot Art	As of first meeting date of session	\$35.00	NA	NA
Full Membership	2 year old participating in Tot PE and/or Tot Art	As of first meeting date of session	\$195.00	\$125.00	\$70.00
	3-12 years old	As of Sept. 1. (Include any 13 year old here who will be participating as a member of the Electrons group, not in the Teen Build a Program.)	\$195.00	\$125.00	\$70.00
	13-18 years old Full Teen Program	Use this price only if this option is available (check with registrar).	\$195.00	\$125.00	\$70.00
Teen Build a Program Membership	13-18 years old Teen Build a Program	Use this price only if this option is available (check with registrar).	\$45.00 plus materials fees (see Class Descriptions, Teen Build a Program for fee chart.)	Based on individualized program.	Based on individualized program.

Where to Park



Parking in the area can be a bit complex. To minimize any inconvenience for our neighbors, please vary your parking location from week to week. The areas marked in green here are generally okay to park in, but be aware of snow route and parking restriction signs, and don't impede access to driveways or alleys.

Community Co-op 2009-2010 Calendar

08/01/2009	Fall registration open
08/15/2009	Registrations due for reserved families
09/03/2009	All registrations due
09/12/2009	Annual volunteer training & classroom set-up 2:30-6:00
	FALL SESSION - September 17-January 21
09/17/2009	First day of co-op - half day
09/24/2009	Co-op
10/01/2009	Co-op
10/08/2009	Co-op
10/15/2009	Co-op
10/22/2009	NO CO-OP - Day off
10/29/2009	Co-op - Halloween party
11/05/2009	Co-op
11/12/2009	Co-op
11/19/2009	Co-op
11/26/2009	NO CO-OP - Thanksgiving
12/03/2009	Co-op
12/10/2009	Co-op - Winter party
	WINTER BREAK - 12/17-12/31
01/07/2010	Co-op resumes
01/14/2010	Co-op
01/21/2010	Co-op- Last day of Fall Session

Community Co-op 2009-2010 Calendar

	SPRING SESSION - February 11-May 20
02/11/2010	Co-op - Valentine's Day Party
02/18/2010	Co-op
02/25/2010	Co-op
03/04/2010	Co-op
03/11/2010	Co-op
03/18/2010	Co-op
03/25/2010	Co-op
03/25/2010	Open House 7-8 PM
	SPRING BREAK 04/01-04/08
04/15/2010	Co-op
04/22/2010	Co-op
04/29/2010	Co-op
05/06/2010	Co-op
05/13/2010	Co-op
05/20/2010	Last day! Celebration & Cleanup
05/20/2010	Reservation deposits for Fall 2010 due

Waivers & Releases

Initial each statement below to which you agree. Sign at the bottom. There are additional statements on page 2.

Medical Waiver

____ (Initial) I understand that the mission of The Community Co-op is to provide enrichment activities for myself, my child and/or children which may include a risk of injury. I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and my child or children. I hereby release, hold harmless and forever discharge and covenant not to sue The Community Co-op or Parkview Presbyterian Church, its owners, officers, directors, agents, employees, and all other persons acting on their behalf, for any injury at or related to The Community Co-op or Parkview Presbyterian Church.

Participation Release

____ (Initial) I understand that my child or children will occasionally participate in activities with The Community Co-op, which may take place at Parkview Presbyterian Church and/or Fox Park of the Oak Park Park District. I give my child or children permission to participate in The Community Co-op and hereby waive and release and forever discharge any and all claims or responsibility of The Community Co-op, Parkview Presbyterian Church or premises, Oak Park Park District regarding the use of Fox Park, and all employees, volunteers, officers, or agents for damages or injuries which may arise to my child, children, or myself in any activity.

Playground/Park Release

____ (Initial) I understand that on nice days, co-op parents may opt to take their own children across the street to Fox Park to eat lunch and play on the playground.

I give permission for my child or children who are 6 years old or above to participate in PE when it is held at Fox Park across the street from the church where co-op is held. (PE may be held at the park when weather permits.)

____ (Parent initial) Child's name _____

____ (Parent initial) Child's name _____

____ (Parent initial) Child's name _____

____ (Parent initial) Child's name _____

____ Check here if additional children are listed on the back of this form.

Co-op Mission

____ (Initial) I understand that the mission of The Community Co-op is to provide enrichment activities for children. I do not hold the co-op responsible for any aspect of my child's or children's education.

Signature: I have read each of the above statements. I have initialed each statement to which I agree.

Participating parent/guardian signature

Date

Continued on page 2

Sign each statement below to which you agree.

Photography Release

I give The Community Co-op permission to use photographs of my child, children, or myself on their website or in their printed materials both of which are available to the general public. I understand that neither my children's names nor my name will be used on the website or in printed materials.

Participating parent/guardian signature

Date

Co-op Directory Release

I give The Community Co-op permission to print my family's names and our contact information in the co-op directory. I understand that the directory will be given out only to other co-op participants.

Participating parent/guardian signature

Date

Background Check Permission

Complete this section only in the first session you join the co-op. You may write NA if you have already had a co-op background check in the past.

However, if your spouse has never had a background check for us and needs one (see below), please complete as appropriate.

I hereby authorize The Community Co-op Board to complete a background check on me (participating parent) involving the following components: A State Criminal background check under each of the names by which I have ever been known* and a DCFS background check under each of the names by which I have ever been known. I understand that I will be charged by the State of Illinois \$16.00 *per name* by which I have been known and that this charge is separate and in addition to co-op membership fees. (Please *do not* include this charge in your co-op membership payment check. This payment will be collected when you complete your background check forms after they are mailed to you.) I also understand DCFS does not charge for background checks.

Participating parent/guardian signature

Date

Number of names by
which I have been known

If a second parent will be attending the co-op more than two times during the co-op year, the second parent needs to read and sign the background check permission, as well.

2nd participating parent/guardian signature

Date

Number of names by
which I have been known

*An example of names by which you have ever been known would be a maiden and married name.

Medical Emergency Information

Please print.

Family Name _____ Address _____ Zip _____

Home phone _____ Health Insurance _____ Policy # _____

Who should be called if parent/guardian on premises is incapacitated? Please place emergency numbers in the order of what number to call 1st, 2nd, etc...

Name	Relationship	Phone #	2 nd Phone #

In the event that you are leaving with a child for emergency medical care, please list 2 people such as a fellow co-op participant (with enough car capacity) and / or nearby neighbor or relative who could assume temporary care of your (other) children.

Name	Relationship	Phone #	2 nd Phone #

Parent

ALLERGIES:

Name _____	Doctor's Name _____ Phone _____
Birth date _____	Address _____
Medications:	In the event of illness or accident, I request that measures be instituted without delay as judgment of medical personnel dictates.
Medical Concerns:	
Remarks:	Signature of Parent/ Guardian/Participant (must be parent or guardian if participant is 18 or younger)
	Date _____

Child # 1**ALLERGIES:**

Name _____	Doctor's Name _____ Phone _____
Birth date _____	Address _____
Medications:	In the event of illness or accident, I request that measures be instituted without delay as judgment of medical personnel dictates. Date _____ Signature of Parent/ Guardian/Participant (must be parent or guardian if participant is 18 or younger)
Medical Concerns:	
Remarks:	

Child # 2**ALLERGIES:**

Name _____	Doctor's Name _____ Phone _____
Birth date _____	Address _____
Medications:	In the event of illness or accident, I request that measures be instituted without delay as judgment of medical personnel dictates. Date _____ Signature of Parent/ Guardian/Participant (must be parent or guardian if participant is 18 or younger)
Medical Concerns:	
Remarks:	

Child # 3**ALLERGIES:**

Name _____	Doctor's Name _____ Phone _____
Birth date _____	Address _____
Medications:	In the event of illness or accident, I request that measures be instituted without delay as judgment of medical personnel dictates. Date _____ Signature of Parent/ Guardian/Participant (must be parent or guardian if participant is 18 or younger)
Medical Concerns:	
Remarks:	

Volunteer Class Team Agreement

For All Adults Participating in the Co-op

All participating adults are class assistants. Most are also class leaders or small group leaders.

Purpose: So that class volunteers have a sense of mutual agreement and to help ensure that classes are well-run,

I agree:

- (leaders & small group leaders) to fulfill the aspects of preparing for and running the class to which I have agreed.
- (all) to actively engage in the team-leading model during class time, participating in the class fully as assistant, small group leader, or class leader; mixing with the students or in another engaged role (team-leading to be explained during leader orientation).
- (all) to use the gentle discipline policy when/if needed.
- (all) to make sure the co-op space where I work is left in excellent condition, cleaning up and returning items to their original places or as designated by the church. Where possible, to have children participate in this duty.
- (leaders & small group leaders) to provide to parents (and older students) a general written plan developed with my co-leader(s) for the class we will run.
- (leaders & small group leaders) to communicate with my co-leader(s) about spending for materials and to turn in receipts for reimbursement which are within our class budget on a timely basis.
- (all) to prepare a plan for the event of my absence before the session begins. If my absence would leave the class with only one adult or otherwise short-handed (check with leader), this would include finding a substitute so there are two or more adults present. If I am a class leader or small group leader, I will provide my sub with my plans and needed materials.
- (all) to strive to call on substitutes as little as possible so as not to place an undue burden on other parents.
- (all) to complete sexual abuse prevention training, as is required by our insurance.
- (leaders & small group leaders) to attend the annual leader training.

An additional note: We highly recommend that leaders and assistants communicate openly and honestly with each other about issues that may arise in making their classes work well for everyone. We encourage you to be open to feedback from each other and actively ask for it.

With an atmosphere of mutual encouragement, constructive criticism, and positive problem solving, we believe team-leading can be a wonderful experience for the adults and the students involved.

Signature _____ Date _____

Student Agreement

Purpose: In order that we understand and agree to the same general expectations to help ensure the best experience for us all,

I agree:

- to be honest, courteous and patient with others. I will use respectful and polite language.
- to honor the time and effort of the class leaders and other class members by giving them my attention and respect.
- to treat our meeting place with respect at all times.
- to help clean up in class, after class, and after lunch.
- to remain with my class, unless I obtain permission from my leader to leave, and to be in the appropriate areas at all times- not roaming the building or property.
- that if I pack my own lunch or snack, not to bring any food that contains peanuts or peanut butter (due to some children at co-op having severe allergies).
- not to bring electronic devices of any kind to co-op (music, game boys, etc.) except where such devices relate to a class activity.
- never to bring weapons, including pocketknives, onto the property.

I understand that the following conduct will not be allowed while participating in The Community Co-op and is subject to disciplinary action:

- 1) theft or destruction of public or private property
- 2) physical fighting or other acts of violence
- 3) any form of bullying or verbal abuse

I understand that the purpose of this agreement is to help ensure the best experience for us all at The Community Co-op.

Student Signature _____ Date _____

Student Signature _____ Date _____

Student Signature _____ Date _____

Student Signature _____ Date _____

Parent Signature _____ **Date** _____

Note: Parents, please use this form with all children old enough to understand the contents.

Parent Agreement

Purpose: In order that we understand and agree to the same general expectations to help ensure the best experience for us all,

I agree:

- to treat all children with kindness.
 - to directly supervise my children during lunch and to participate with my family in the clean-up duty rotation.
 - to strive to regularly attend co-op. I understand that if we sign up for co-op, we are taking a slot for the classes being offered. I understand that the class leaders have planned for my child with time and in some cases materials and intend to honor their efforts.
 - to honor my volunteer commitments. If I must be absent, I will arrange for a substitute for my duties. I agree not to overburden parents by getting substitutes too often. If a long term situation arises, I will talk to the volunteer coordinator to have my duties temporarily or permanently reassigned.
 - to consider the distraction of cell phone use while attending to children.
 - not to bring snacks or lunches which contain peanuts or peanut butter for me or my family (due to severe peanut allergies of several co-op children).
 - that whenever my children are in the building, I must remain in the building the entire time classes are in session and be responsible for my children regardless of their age. However, in a *special circumstance*, I may
 - a) send my child(ren) to co-op with another adult who will remain in the building and be responsible for my child(ren).
 - b) sign out one or more of my children and designate another adult who has agreed to be responsible for any remaining children. This is only if the *child(ren)* need(s) time away from the building.
- Neither option can be a regular, ongoing arrangement.
- that I am fully liable for my child's safety, well being, and behavior.
 - that because I am also a volunteer, to participate in sexual abuse prevention training, as is required by our insurance.
 - that if my child's other parent will be participating more than two times throughout the co-op year, to have him or her read and sign this parent agreement, participate in sexual abuse prevention training, and have a background check as part of our registration process.
 - that I have read and agree with the information in The Community Co-op Handbook and registration packet including the refund policy, gentle discipline policy, payment schedule, and parking designations (no drop-off in alley or elsewhere).

Signature _____ Date _____

Signature _____ Date _____

2nd parent signature required if 2nd parent will be attending co-op more than twice during the year.

What to Bring

Suggestion: Post conveniently at home (tape to inside hall closet door, inside kitchen cupboard, on bulletin board...)

Everyone

Water bottle or sippy cup with an attached lid

Lunch (peanut free)

Everyone taking classes

Backpack

Everyone Quarks & Older*

Optional healthy snack (peanut free)

Writers' Workshop

Folder

Optional notebook

Science

3 ring binder

*Nursery kids will receive a group healthy snack provided at co-op.

Lori's Super Duper Organizational Tips

We hope you don't mind our indulgence in sharing a few organizational tips. This is one style- your mileage may vary :

1. Keep the following handy at home (on bulletin board, taped inside kitchen cupboard, etc...)
 - a. Co-op calendar
 - b. Master list of where each adult is (in case you need to ask people to sub for you)
 - c. Directory
 - d. A permanent list of what to bring each week
2. Mark your personal calendar according to the co-op calendar (this is really important).
3. Get things ready the night before. -Kids' backpacks, drinking cups w/lids filled w/ water, folders &/or notebooks for classes (according to what to bring list), etc. If you're a class leader, putting your class materials all in a co-op specific bag or crate can be a great way to keep things together and ready to go.

Save the
Date:
February 6
2:30-4:30

Location: TBD
(based on number of attendees)

*If a second parent will be attending the co-op more than twice during the year, he or she needs to attend this training session from 4:00-4:30.

(Adults only; sorry no childcare provided.)

The Community Co-op Supply List

For personal use:

(Please put your child's name on these items.)

All children:

- water bottle w/ sport top (or sippy cup)

Children in Protons and older:

- back pack
- athletic shoes for PE, only non-scuffing shoes are allowed in gym (no black soles unless specifically sold as non-scuffing, please)

Children in Quarks and older:

- (1) 2-pocket folder (Writers' Workshop)

Children in Neutrons & Electrons

- (1) 3-ring binder (Science)

All Children to share:

- (1) dozen pencils, sharpened
- (1) package glue sticks (3 or 4)
- (2) rolls paper towels

Note – This list is intended for each child the first session he or she joins the co-op in a given school year.