



**NATURE'S POINTE**  
— cooperative preschool —

## CUBS MEMBER CONTRACT

The Nature's Pointe Cooperative Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship or loan programs, and athletic and other school administered programs.

### Terms of Enrollment

This agreement is made between the parents or legal guardians, and Nature's Pointe Cooperative Preschool, Incorporated. The parents or legal guardians enroll, and the School accepts for enrollment:

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

All required health forms must be submitted by **February 3**. **Children and adults will not be able to participate in class until their health forms are completed and returned.** The School term will begin the week of **February 1** and will end the week of **May 17**.

### Tuition and Fees

The costs of operating the school shall be borne equally among all members as follows:

1. **Registration Fee:** The parents or legal guardians shall pay a \$60.00 registration fee (per child) accompanying their application for registration. The fee is non-refundable unless the application is not accepted by the school.
2. **Supply Fee:** A supply fee of \$50.00 is due with registration for new members and by the end of the current school year for current members. Failure to pay will result in loss of registration fee and membership.
3. **Building/Insurance Fee:** A fee of \$60.00 will be collected in your second month's tuition. (Per family fee).
4. **Classroom Participation Training Fee:** The participating member new to co-oping is required to attend training led by the Indiana Council of Preschool Cooperatives (ICPC). **\*\*The fee for this training has been waived for 2020-2021 the school year.\*\*** (For members enrolling after October, please contact the Membership Chair for information).
5. **Tuition:** Beginning in February a monthly tuition of \$55.00 will be due on the 1<sup>st</sup> business day of the month. A late fee of \$20.00 will be charged after the 10th of the month. After 30 days of non-payment, loss of membership is risked.

In the event that two children from the same household attend the school, full tuition shall be made for the oldest child, and \$5.00 will be deducted from the tuition of the youngest child.

No refund of tuition will be made for absence except in the case of illness existing for thirty days or more, in which case a reduction may be allowed at the discretion of the Board of Directors.

### Members Responsibilities

1. **Classroom Participation:** Members shall participate in the classroom as a teacher's assistant at regularly scheduled intervals. Extra participation for field trips or special events is to be shared among participating members. Siblings are not permitted in the classroom during class time. Arrangements for sibling care on participation days must be made by the member.
2. **Job Assignments:** Each member shall be assigned a job necessary to keep the school operating efficiently. Members shall list job preferences, and efforts will be made to assign jobs that match skills and interests. Every member must serve on at least one committee throughout the school year.
3. **Orientation:** All members are required to attend an annual officer and teacher led orientation before the start of school.
4. **Classroom Participation Training:** Members new to co-oping are required to attend a Classroom Participation Training class led by the Indianapolis Council of Preschool Cooperatives.
5. **Meetings:** All members are required to attend parent/teacher conferences. Because our school is owned and operated by our parents, periodic membership meetings are held to discuss school business. These meetings are mandatory and typically held in January and April.
6. **Parent Education and Service Hour Requirement:** All members are required to complete four parent education credits in addition to providing four hours of service to the school per year from a variety of options. (For members enrolling after February 1<sup>st</sup>, please contact the Membership Chair regarding the Parent Education / Service Hours requirement adjustment).

7. **Fundraising:** Each member is strongly encouraged to participate in the fundraising activities of the school. Funds raised are used to meet our operational budget.
8. **Custodial Services:** Members shall share in the physical maintenance of the building and grounds both on their respective participation days, and on other scheduled maintenance days throughout the year.
9. **Transportation:** The members shall be responsible for transportation of their child to and from school. It shall be the responsibility of the member to pay for any emergency transportation that might occur.
10. **Illness:** Members shall not allow their child to attend school either when ill or when manifesting symptoms of illness, and acknowledge the right of the school to send home any ill child.
11. **New Family Participation Policy:** New families will participate in the classroom within 30 days of admission to become oriented with school and classroom procedures individual families will be handled within their class.

#### **Members Consent**

The parents or legal guardians hereby consent to the participation by their child or children in all activities of the School, including field trips, for which prior notification has been given.

#### **Social**

1. Members will refrain from advertising any personal businesses on all school communications except for the school bulletin board. Personal business advertising must be approved by the executive board prior to being placed on the bulletin board.
2. Members shall not share/post/upload photos of other children onto any social media platform without express permission from parents/guardians. This does not include our designated photo sharing medium.

#### **Withdrawal and Terms of this Agreement**

1. The school shall reserve the right to request the withdrawal of a member at the discretion of the Board of Directors.
2. The school shall reserve the right to request the withdrawal of a child at the recommendation of the teacher and at the discretion of the Board of Directors.
3. This agreement shall continue during the said school term indicated above unless terminated sooner by the School for failure to comply with the terms of this agreement.
4. Should the parents or legal guardians withdraw the registered child or children from the School, this agreement shall be terminated upon 30 days written notice given to the Membership Chair or pay next month's tuition and any outstanding fees.

#### **Nature's Pointe Cooperative Preschool, Inc.**

By \_\_\_\_\_  
President

We have read the Nature's Pointe Cooperative Preschool By-laws and Policies and Procedures.  
We have read this contract and agree to abide by and support the terms set forth:

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(Keep one copy and return one signed copy to the school.)

Date \_\_\_\_\_



## EMERGENCY CONSENT FORM

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, complete and return this EMERGENCY CONSENT FORM to Nature's Pointe Cooperative Preschool. In the event of a medical or other emergency, the form should accompany your child to the hospital so that medical treatment can be rendered.

I/We hereby authorize **Nature's Pointe Cooperative Preschool** to give consent for all medical and/or surgical treatment that may be required for our child during our absence. **This consent expires one year from date below.**

Child's Name: \_\_\_\_\_

Racial/Ethnic Background: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Reactions: \_\_\_\_\_

Current medications: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Other health information: \_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance company: \_\_\_\_\_

Member number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Phone number of parent/guardian: \_\_\_\_\_

Additional phone numbers: \_\_\_\_\_

Parent/Guardian employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest **emergency contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

Additional **emergency contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature



### Private Photo Sharing

I, \_\_\_\_\_, parent/guardian of child \_\_\_\_\_, understand that other parents and staff at Nature's Pointe Cooperative Preschool (hereinafter known as "the preschool") will photograph/record my child. I understand these photos/videos will be posted to the private Facebook group (Nature's Pointe Photo Sharing Group) that is vetted and only for parents/guardians of students. These are deleted at the end of the school year.

**I will not share photos/videos of other children from the preschool without permission from the parents.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Permissions

Please initial:

\_\_\_\_\_ I give permission to the preschool to use photos of my child in print and online for promotional and educational purposes pertaining to the preschool. I understand these photos may be shared by third parties online.

\_\_\_\_\_ I give permission to the preschool to use video of my child online for promotional and educational purposes pertaining to the preschool. I understand these videos may be shared by third parties online.

\_\_\_\_\_ I give permission to staff of Nature's Pointe to use photos and/or videos for training purposes.

\_\_\_\_\_ I understand that I am granting permission for the preschool to use these images indefinitely (even after enrollment has ended). If I wish to change this, I understand I need to update this form which will be kept on file with the preschool.

\_\_\_\_\_ I am not receiving payment for use of photos.

\_\_\_\_\_ I do not wish for the preschool to use photos/videos of my child in print or online.



## FIELD TRIPS

### Transportation Permit

The Indiana Council of Preschool Cooperatives and its insuring agent recommend that all persons driving car pool and on field trips on behalf of the preschool carry adequate auto liability coverage with limits no less than \$100,000/\$300,000 for bodily injury and \$50,000 for damage to property of others.

I have automobile insurance coverage equal to or above the amounts listed above.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ initial if you do not wish to transport other children.

\*Nature's Pointe Cooperative Preschool does not discriminate on the basis of race, color, national and ethnic origin.

### Emergency Medical Authorization

Parent name: \_\_\_\_\_

Child name: \_\_\_\_\_

I hereby give permission to the teacher(s) at Nature's Pointe Cooperative Preschool to obtain any emergency medical services in case of a serious illness or accident for me or my child if I am not able to communicate or cannot be reached in an emergency. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Pick-up Authorization Form

I/We, the undersigned parent(s) of \_\_\_\_\_ (child) in the \_\_\_\_\_ class, hereby grant authorization for the following individual(s) to pick up my/our child from the Nature's Pointe Cooperative Preschool or any of their designated field trips or functions.

Parent/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

I understand that if I wish to make any changes to this form then I must request a new form to fill out and re-date. I also understand that all authorized individuals are required to show photo identification before my child is released from Nature's Pointe Cooperative Preschool's care.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*NPCP Staff – Please staple new form to previous form and keep in binder.*



## Social Media Policy

Nature's Pointe acknowledges the important role that social media can play in maintaining a sense of community among the families we serve. Our online presence supports this sense of community by connecting members and sharing valuable information. The following policies/guidelines ensure the privacy, dignity, and the rights of the preschool, students, staff, and families.

Social media includes email, group chats, video chats, virtual meetings, personal blogs and other websites, including Facebook, LinkedIn, Twitter, YouTube, Snapchat, Zoom, Google Hangouts and others. This applies whether members are posting to their own sites or commenting on other sites. The policy aims to provide good ethical practice and applies to all members of the school. In all postings, members agree to:

1. Protect the safety and privacy of our students and staff.
2. Protect the school from legal risks.
3. Ensure that the reputation of the school, its staff, students, and families are protected.
4. Protect confidential/proprietary/medical information.

Use of common sense and discretion is expected of all parents. Sharing personal, medical and/or behavioral information about any NPCP staff, students or families on any social media forum is strictly prohibited. Any postings (public or private) that do not conform to the above guidelines are strictly prohibited. Failure to follow these guidelines could result in loss of membership per Board discretion. Members who have concerns that this policy has been violated are asked to contact any staff or Board member.

Please initial beside each number above.

I, (print name) \_\_\_\_\_, have read the Social Media Policy and agree to abide by the rules and procedures stated therein.

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Signature

Date



## Member Code of Conduct

Nature's Pointe Cooperative Preschool (NPCP) requires that parents/guests of enrolled children behave in a manner consistent with decency, courtesy and respect at all times.

It is the responsibility of staff, and board members, along with each and every parent or adult who enters the school to contribute to an ideal environment of learning, development and sense of security at all times. Sharing personal, medical and/or behavioral information about any NPCP staff, students or families is strictly prohibited. It is expected that sensitive matters not be shared or discussed in front of other families and especially not in front of the children.

If it is deemed that a parent is acting in an inappropriate manner to a staff member, parent and/or child the following steps will be taken:

- Step 1--A communication with the parent and the School Board President or the Director in response to the incident. Documentation of this communication will be kept on file.
- Step 2--A meeting with the Exec Board members, staff and parent will be held if needed.
- Step 3--If the parent continues to act in a manner that is inappropriate to these guidelines, the final step would be possible loss of membership per Board discretion.

Anything that is considered Hate Speech/Discriminatory Speech could result in immediate loss of membership per board discretion.

All concerns should be brought directly to a staff or Board member.

I, (print name) \_\_\_\_\_, have read the Member Code of Conduct and agree to abide by the rules and procedures stated therein.

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Signature

Date



# STUDENT HEALTH RECORD

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (MI)

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Child Lives With \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Relationship)

## MEDICAL HISTORY

Communicable Disease	Month/Year	Condition	Explain if Present
Measles	_____	Allergies:	_____
Rubella (German Measles)	_____		_____
Chickenpox (Varicella)	_____		_____
Mumps	_____	Handicapping Conditions:	_____
Scarlet Fever	_____		_____
Whooping Cough	_____		_____
Other _____	_____	Other:	_____

## PHYSICAL EXAMINATION

Date of Exam \_\_\_\_\_

Age of Child \_\_\_\_\_

Skin _____	Heart _____
Lymph Nodes _____	Lungs _____
Eyes _____	Abdomen _____
Ears _____	Genitalia _____
Nasopharynx _____	Skeleton _____
Teeth and Mouth _____	Other _____

Note any unusual findings: \_\_\_\_\_

Does this child have any health conditions that would be hazardous either to him/herself or to other children in a group setting as a result of participation in normal activities (including sports)? No \_\_\_\_ Yes \_\_\_\_ If yes, what modification of normal activities would be necessary to protect the child and his/her classmates? \_\_\_\_\_

Have you prescribed any medications or special routines that should be incorporated into the preschool's plans for this child's activities? No Yes If yes, explain:

## **HISTORY OF IMMUNIZATIONS AND TESTS**

(Indicate Month/Day/Year)

	1	2	3	4	5
DTaP/DTP/DT/Td					

	1	2	3	4
Polio				

	1	2	3	4
HIB				

	1	2	3
Hepatitis B			

	1	2
Measles		
Mumps		
Rubella		

	1	2	3	4
PCV7 (Prevnar)				

	1
Varicella	

**NOTE:** To be considered adequately immunized a child 24 months through 59 months of age should have received 4 doses of DTaP/DTP/DT/Td, 3 doses of Polio, 3 doses of Hib Vaccine, 3 doses of Hepatitis B, 1 dose of Measles Mumps and Rubella (MMR) given after the first birthday, 3 doses of PCV7, and 1 dose of Varicella. Any child 60 months of age or older should receive a 5<sup>th</sup> dose of DTaP/DTP/DT/Td, a 4<sup>th</sup> dose of Polio, a 2<sup>nd</sup> dose of Measles (usually given as an MMR) and 3 doses of Hepatitis B vaccine.

Name of Physician Completing Form: \_\_\_\_\_ Phone \_\_\_\_\_  
(please print)

Physician's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Expires June of the current school year.

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### **ADDITIONAL NOTES AND INSTRUCTIONS**

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## FOR PARTICIPATING ADULTS ONLY

### Tuberculosis (TB) Test Form

Date: \_\_\_\_\_

Members Name: \_\_\_\_\_

The above listed member has been tested for tuberculosis and the results was

\_\_\_\_\_.

Physicians Signature \_\_\_\_\_

Physicians Name \_\_\_\_\_

Physicians Address \_\_\_\_\_

\_\_\_\_\_ The above listed member is pregnant and/or nursing and exempt from this test. (initial and turn in with enrollment packet)

Updated 8/6/2020

Expires June of current school year

*NCPC requires a background check for our volunteers. This is a confidential process; we will not receive or review your background check. The process is handled by a 3rd party vendor and managed by our parent organization, the Indiana Council of Preschool Cooperatives. If approved, you will receive a letter. Please forward a copy of this letter to our membership chairperson to complete the registration process. You can expect a response within 10 business days. Please follow the online instructions carefully. The link to obtain your background check is located at: <https://secure.safehiringsolutions.com/app.cfm?id=07995778-F240-4201-8385-584481F22871>*

### **Criminal History Background Checks for Volunteers**

In an effort to maintain best practices for the safety of our children and the protection of our schools, ICPC now recommends implementation of background checking procedure for parent volunteers. Schools participating in ICPC's background check program will use the following for their policy and procedures. Any parent or caretaker who will be a primary participating parent (meaning a parent who will participate in the classroom more than three (3) times per school year – hereinafter “the parent”) shall submit to and pass a national criminal history check, which will be administered by and through a third party vendor contracted by ICPC. Once the parent completes and passes the background check, the parent will be eligible to participate in the classroom, and will continue to be eligible for three (3) years. This eligibility is transferable between ICPC schools. After three years, the parent will be required to submit to and pass another national criminal history check in the same manner before the parent's eligibility to participate in the classroom will be restored. A parent or caretaker who participates in the classroom three (3) or less times per school year will be characterized as a “guest volunteer” and is not subject to the criminal history check requirement.

#### **A. Administration of Background Checks**

1. The Membership Chair for each member preschool will provide prospective parents an electronic link to ICPC's contracted background check vendor. Parents will use this link to submit the background check at the time of registration and enrollment for the following school year.
2. The prospective parent will submit the requested information through the provided link, and ICPC's contracted vendor will run the background check.
3. The vendor will provide a report to a third party intermediary who is not on any member preschool's board. The intermediary will review each background check report in absolute confidentiality, checking the report for certain criminal history which would disqualify a parent or caretaker from participation (see section B below, “Disqualification of Parent Classroom Participant”).
4. The intermediary will communicate the result of the background check directly to the parent within ten (10) days of the parent's submission to the vendor (unless otherwise communicated to the parent by the intermediary). A parent who is waiting on the background check results may participate in the classroom as a “guest volunteer” up to three (3) times.
5. The parent who passes the background check will provide proof of such to the Membership Chair of their member preschool to claim eligibility to participate in the classroom.
6. The parent who is disqualified from participating will automatically have an appeal and request for reconsideration initiated on their behalf (see section C below, “Appeal and Variance Process”).

#### **B. Disqualification of Parent Classroom Participant**

When evaluating parent volunteer criminal background checks, the following charges disqualify the parent, rendering them ineligible for participation in the preschool. Criminal background checks are evaluated based on charges filed, not the disposition of the charges. The retroactive time period (e.g. felony charge within the last five years) is subject to change based on the current Indiana state statute, and without amendment to this standard.

1. Felony charge within the last 5 years;
2. Any misdemeanor or felony charge asserting a crime against a child including abuse or neglect (no time limitation);
3. Any charge currently pending;
4. Any misrepresentation on the background check request;
5. Any other charge not mentioned above, but determined to be a risk to the students.

#### **C. Appeal and Variance Process**

In the event that a potential participating parent is found to be ineligible based on excluders discovered through his/her

Updated 5/22/2018

background check, the parent has the right to appeal and request reconsideration in the form of a confidential variance request to ICPC. The appeal will be initiated by the ICPC intermediary, who will mail instructions to the ineligible parent. This confidential variance request will be brought before ICPC's Executive Board (consisting of the President(s), Vice President, Treasurer, Teacher Representative and Secretary) by the intermediary in a meeting called specifically for the purpose of reviewing the request. The intermediary will present the particulars of the parent's appeal without disclosing the identity of the parent or the member school the parent is associated with.

The Executive Board may respond in one of three ways:

1. It may grant the request and advise the intermediary in writing that the parent's confidential variance request has been approved.
2. It may deny the request and advise the intermediary in writing that the parent's confidential variance request has been denied.
3. It may ask the intermediary for additional information concerning the parent, table the variance request until such time that the parent is able to provide the requested information, and then reconvene to decide the request. The Board will advise the intermediary of its determination in writing.

#### D. Special Teachers

1. Special Teachers (e.g. music, foreign language, and limited special program teachers who are paid by the school, or individuals who provide aid for special needs situations and are paid by parents) who are in the classroom on regular basis are subject to the above standard, and shall submit to the same process as voluntary primary participating parents.
2. Once Special Teachers obtain eligibility to participate in the classroom by passing the background check, they are eligible to work with any ICPC member school(s) for three (3) years. After three years, the Special Teacher will be required to submit to and pass another national criminal history check in the same manner before the Special Teacher's eligibility to participate in the classroom will be restored.
3. Providers of special services who are not employed by an ICPC member school (such as speech therapists) acquire background checks through their employers and are not subject to this standard.
4. Classroom teachers, aides and professional staff are subject to the requirements under Section E of the ICPC Statement on Standards.

### **Background Check ACKNOWLEDGEMENT AND RELEASE OF ALL CLAIMS**

I wish to volunteer at the Nature's Pointe Cooperative Preschool (the "Preschool") and understand that the Preschool, in conformance with its policy, will request that the Indiana Council of Preschool Cooperatives perform a criminal background check on me as a condition of my volunteering for the Preschool. I understand that volunteering is a privilege and that the decision of whether to allow me to participate is completely within the discretion of the Preschool and its designated authorities. In consideration for the opportunity to volunteer for the Preschool, I hereby release for myself, my spouse, my heirs, executives, and assigns, completely release and discharge the Indianapolis Council of Preschool Cooperatives ("ICPC"), the Preschool, their Boards, officers, employees, and agents and their respective heirs, executors, and assigns from any and all claims, rights, demands, actions, obligations, causes of action of any and every kind, nature, and character, known or unknown, that I may have against any of them arising from or in any way connected with my relationship with them relating to the policy or the execution of my background check.

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(Signature)

Name (printed): \_\_\_\_\_

Home Address: \_\_\_\_\_

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