



Behind every great kid  
is a great school!

Preschool

# Milford Cooperative Preschool Multi-Age ENROLLMENT FORM 2017-2018 School Year

CHILD'S NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_ CHILD'S BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Any child **3 years old before September 1<sup>st</sup>** of the current year is eligible for enrollment. **Students must enroll for a minimum of 2 days** (half or full). Choice of class days and times is on a first come first serve basis. A minimum number of students must be enrolled in order for a particular half or full day session to run. We will notify you if your class choice is full or does not run due to too few enrollees so you may choose from the class days and times still available. *NOTE: Start and end times listed below will be established prior to the start of school in September and may vary by 15 minutes, depending on start times of Huron Valley Elementary Schools.*

Place an "X" by your choices:

9 Payments of:

<b>MON:</b>	<b>AM (9:05AM-12:05PM)</b>	_____	<b>\$75</b>
	<b>PM (1PM-4PM)</b>	_____	<b>\$75</b>
	<b>FULL DAY (9:05AM-4PM)</b>	_____	<b>\$125</b>
<b>TUES:</b>	<b>AM (9:05AM-12:05PM)</b>	_____	<b>\$75</b>
	<b>PM (1PM-4PM)</b>	_____	<b>\$75</b>
	<b>FULL DAY (9:05AM-4PM)</b>	_____	<b>\$125</b>
<b>WED:</b>	<b>AM (9:05AM-12:05PM)</b>	_____	<b>\$75</b>
	<b>PM (1PM-4PM)</b>	_____	<b>\$75</b>
	<b>FULL DAY (9:05AM-4PM)</b>	_____	<b>\$125</b>
<b>THURS:</b>	<b>AM (9:05AM-12:05PM)</b>	_____	<b>\$75</b>
	<b>PM (1PM-4PM)</b>	_____	<b>\$75</b>
	<b>FULL DAY (9:05AM-4PM)</b>	_____	<b>\$125</b>
<b>FRI:</b>	<b>AM (9:05AM-12:05PM)</b>	_____	<b>\$75</b>
	<b>PM (1PM-4PM)</b>	_____	<b>\$75</b>
	<b>FULL DAY (9:05AM-4PM)</b>	_____	<b>\$125</b>

Student schedule choices and parent committee preferences will be granted in the order enrollment packages are received. In order to secure your registration, please return the following to **Milford Cooperative Preschool**, 525 Hickory Street, Milford, MI 48381. (All checks should be made payable to MCP. Payment can also be made online at [www.milfordpreschool.org/payments](http://www.milfordpreschool.org/payments).):

1. Completed **Enrollment Form**
2. Signed **Parent Agreement Form**
3. **Parent Committee Preference Form**
4. **Enrollment Fees:**
  1. **Registration fee - \$100 for the first child enrolling; \$50 for each additional child (non-refundable)**
  2. **Last month's tuition, for May 2018 (Refundable only if your child's spot is filled by August 31<sup>st</sup> 2017. Non-refundable after September 1<sup>st</sup> 2017.)**
  3. **Building Fee - \$50 per student (non-refundable)**

**Enrollment Amount**

May tuition: \_\_\_\_\_

*10% discount for siblings of current MCP students - Monthly Payment: \_\_\_\_\_  
(discount applies only to the tuition of the child with the lower tuition amount)*

*5% discount for year's tuition paid in full by the start of school - One-Time Payment: \_\_\_\_\_*

**Registration fee - \$100 for the first child enrolling; \$50 for each additional child + \_\_\_\_\_**

**'Building' Fee - \$50 per student + \_\_\_\_\_**

**TOTAL PAYMENT = \_\_\_\_\_**

Contact Membership Secretary, Ray Reese-Cook, with questions:  
[mcpmembershipsecretary@gmail.com](mailto:mcpmembershipsecretary@gmail.com) / (734)972-6969

I hereby understand and agree that I shall not, in any way, hold Milford Cooperative Preschool or any school faculty or board responsible for any injuries or accidents that may happen to my child while attending MCP. I understand and agree that I shall be responsible for notifying the Director and the Membership Secretary, by way of an enrollment change request form, if my child will no longer be attending the preschool. I further understand that the enrollment fees are nonrefundable, and that the May 2018 tuition is non-refundable if my child's spot is not filled by August 31<sup>st</sup> 2017, and that I will forfeit these fees if I withdraw my child from MCP.

**SIGNATURE OF  
PARENT/GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

*The Milford Cooperative Preschool is a nonprofit organization and does not discriminate on the basis of sex, race, creed, ethnic or national origin.*

Who referred you? \_\_\_\_\_ **(Necessary for \$35 referral credit)**

<b>For school use only:</b> Date: _____ Check Date: _____ Check#: _____ Tuition Ck#: _____
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# PARENT COOPERATIVE AGREEMENT FORM

Dear Parents,

You are enrolling your child in Milford Cooperative Preschool (MCP), one of the best preschool programs and a staple in the Milford community. The Milford Cooperative Preschool Board of Directors and teaching staff thank you for your cooperation.

Milford Cooperative Preschool is a cooperative program, and we owe much of our success to the active participation of our members. This Parent Agreement Form details your responsibilities as a MCP co-op member, and *your signature indicates your acceptance of these responsibilities. Furthermore, failure to complete these responsibilities may result in the assessment of fees or your child's disenrollment from the school.*

- ✓ I will read the Milford Cooperative Preschool Constitution, Bylaws, Handbook, and Emergency Procedures.
- ✓ I will allow my child's photograph to be used for the enjoyment of all members (i.e. yearbook, scrapbook, bulletin boards). \_\_\_\_\_(Please Initial)
- ✓ I will inform the Health Secretary of MCP of any communicable disease my child or children may have.
- ✓ Permission is hereby granted for MCP to notify all families of any communicable disease my child or children may have. This notification will not include the identification of my child or children.
- ✓ I am aware that the information I provide to the school will be used for official school business only.
- ✓ I am aware that abuse and neglect of children is against the law.
- ✓ I have been informed that the policy of MCP is to document and report suspected abuse to the proper authorities.
- ✓ I have been informed that, by law, caregivers are mandated to report abuse and neglect.
- ✓ All adults are expected to conduct themselves in a courteous and professional manner on the premises of Milford Cooperative Preschool. Language shall not be foul, demeaning or otherwise inappropriate. Harassment, threats, or acts of violence will not be tolerated. No weapons, alcohol, or illegal substances are allowed on the school premises. Indecent exposure or other deviant acts will also be grounds for dismissal. Based on the severity of the infraction, the staff may issue immediate corrective action up to and including dismissal of the offender's child (or children) from the school. The Board of Directors shall review all corrective action, including written warnings. The Board shall make the final decision regarding all corrective action. \_\_\_\_\_(Please Initial)
- ✓ I will attend one of the two cleaning sessions held during the year or pay a non-participation fee of \$100 to the school.
- ✓ I will attend every General Membership Meeting.
- ✓ I understand that MCP is a nonprofit institution, and I commit to raising \$200 per year, through multiple fundraising opportunities or paying \$200 at enrollment. If I raise less than \$200, I will pay the difference.
- ✓ I (or another adult, with my written permission) will volunteer to assist during class sessions, at least 4 times per semester, and will perform the duties assigned to the parent volunteer on these days. \_\_\_\_\_ (Please Initial)
- ✓ I will choose to sit on one of the available parent committees or pay a non-participation fee of \$500. I understand that failure to fulfill my responsibilities on my committee, as determined by the Board at its sole and binding discretion, will result in being charged a non-participation fee of \$500.

- ✓ I understand that my involvement in the above activities is critical to the operation of Milford Cooperative Preschool and failure to carry out my responsibilities could result in the assessment of fees as referenced herein or my child being removed from the school's enrollment. \_\_\_\_\_(Please Initial)
- ✓ I will pay tuition on time, or I will pay a late fee. I understand that failure to pay tuition on time may result in disenrollment as determined by the Board at its sole and binding discretion.

Please read this Parent Agreement Form thoroughly, and return it signed and dated with your registration form.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date