NATURE'S POINTE
cooperative preschool

TEDDIES MEMBER CONTRACT

The Nature's Pointe Cooperative Preschool admits students of any race, color, gender, sexual orientation, 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, gender, sexual orientation, 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 **September 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 **September 3** and will end the week of **May 12**.

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 $80.00 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/Technology Fee**: A fee of $80.00 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 cost is $25.00, and is due by **October 1st** (For members enrolling after October, please contact the Membership Chair for information).

5. **Tuition:** Beginning in September a monthly tuition of $101.00 will be due on the 1st 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 Indiana Council of Preschool Cooperatives.

5. **Meetings:** All members are encouraged 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 September, 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 1st, 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.

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. 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:

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

Updated 07/2024

NATURE'S POINTE
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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 understand I am not receiving payment for use of these photos or videos.

I will not share photos/videos of other children from the preschool.

Signature:_____ Date:_____

Photo Permissions

Please initial all that apply:

_____I give permission to the preschool to use photos or videos of my child in print, and/or online for promotional, educational, and training purposes pertaining to the preschool. I understand these photos may be shared by third parties online. 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 that I need to update this form, which will be kept on file with the preschool.

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

NATURE'S POINTE
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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, gender, sexual orientation, 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:_____

Updated 01/12/2023
Expires June of current school year

NATURE'S POINTE
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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 Chat 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, distributing, and/or posting photos, videos, 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.

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

_____

Signature Date

06/2023

NATURE'S POINTE
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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.

Per our use agreement, members will be respectful of the common spaces used in the church e.g. lobby, babysitting room,gym, and hallways. All communication with the church is to go through the Director. If you have any concerns, bring them directly to the Director or President.

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

- Step 1--A communication with the member 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 member will be held if needed.
- Step 3--If the member 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.

_____

Signature Date

06/2023

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

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.

_____

(Signature)

Name (printed): _____

Home Address: _____

_____

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: Per our bylaws all students are required to be fully up to date on all immunizations, for their current age at enrollment, as recommended by the Center for Disease Control to attend Nature's Pointe Cooperative Preschool. Nature's Pointe will accept our waiver due to a medical condition only. Nature's Pointe will accept a medical waiver only if it is signed by a physician who is approved by the Medical Licensing Board of Indiana. Our program does not accept religious waivers or any waiver signed by a non licensed medical professional.

Name of Physician Completing Form: ______________________________________ Phone ____________________
(please print)

Physician's Signature ____

Date:__________________ Expires June of the current school year.

– –

ADDITIONAL NOTES AND INSTRUCTIONS

____

____

____

NATURE'S POINTE
cooperative preschool

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:_____

Child's Date of Birth:_____

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: _____

Preferred Hospital for Emergency Treatment:_____

_____ Date: _____

Parent/Guardian signature