



# Crystal Lake Cooperative Preschool Registration Packet

2010 - 2011

**Crystal Lake Cooperative Preschool  
P.O. Box 554  
Beulah, MI 49617**

*A parent cooperative preschool is a non-profit, non-discriminatory institution maintained as a community service and administered by parents of children currently enrolled in the preschool. The school provides an educational and developmental program for children younger than compulsory school age. The school also serves as an educational program for parents, including active parental participation in preschool activities.*

**Requirements**

1. A \$20.00 non-refundable registration fee shall accompany the enclosed application.
2. Tuition is due on the 10<sup>th</sup> of each month.
3. Children must be 2 ½ years old and toilet trained.
4. Crystal Lake Cooperative Preschool's policy is that your child must be 4 years of age before December 1st to be enrolled in the 4 year old class.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

Childs Shirt Size \_\_\_\_\_

**Please complete all and mark your preferred method of contact:**

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Why do you feel that a nursery school experience would be beneficial for your child?

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## **Pledge between the parents and Crystal Lake Cooperative Preschool**

### **School Year 2010-2011**

As an active member of the Crystal Lake Cooperative Preschool I understand and agree that:

1. I must familiarize myself with the By-Laws and Handbook of the Crystal Lake Cooperative Preschool and accept the responsibility for school policies.
2. I agree to pay tuition promptly.
3. I agree to comply with the health rules.
4. I am required to work at the Preschool when scheduled or to make arrangements for a substitute parent to take my place. I will bring a healthy snack when I am the assist parent.
5. I will do my fair share and cooperate in fund-raising activities.
6. I will remain current on notices, schedules and upcoming events of the Preschool.

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Parent Signature

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Date

You can access our Handbook and By-Laws on the schools web-site: [www.CrystalLakeCoop.com](http://www.CrystalLakeCoop.com)

If you would like to have a paper copy, please check here

**Crystal Lake Cooperative Preschool  
Teacher's Confidential Questionnaire**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother \_\_\_\_\_

Other children in household:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Does child need help: Dressing \_\_\_\_\_ Toilet \_\_\_\_\_

Does child need to be reminded to go to the bathroom? \_\_\_\_\_

Has child had any type of playgroup experience? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

Does child have any special needs (physical or otherwise)? \_\_\_\_\_

\_\_\_\_\_

Does child have any special likes, dislikes, fears? \_\_\_\_\_

\_\_\_\_\_

Allergies? \_\_\_\_\_

Parent's evaluation of child's personality \_\_\_\_\_

\_\_\_\_\_

Parent resources - please list any interests, talents and hobbies which you would be willing to share with the class

\_\_\_\_\_

\_\_\_\_\_

Other information that would be helpful \_\_\_\_\_

\_\_\_\_\_

**STAFF / VOLUNTEER SCREENING STATEMENTS**

I, \_\_\_\_\_, certify the following:

I am aware that abuse and neglect of children is against the law.

I have been informed of the center's policies on child abuse and neglect.

I understand that, as a care giver, I am mandated by law to report abuse and neglect of children to my local Family Independence Agency within 24 hours.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please mark the correct answer. If yes, please explain.

Have you ever been convicted of a crime other than a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

Have you ever been involved in substantiated abuse or neglect of children?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Crystal Lake Cooperative Preschool  
Photograph Clearance**

I give Crystal Lake Cooperative Preschool permission to use a photograph of

\_\_\_\_\_ to be used for marketing and/or  
(Child's Name)

articles about the school.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

# REQUEST FOR DRIVING RECORD

If you intend on volunteering to drive for a Crystal Lake Cooperative Preschool field trip, your driving record will be checked prior to the date of the field trip. Please know that we are doing this for the safety of the children.

Please complete the form below:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

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

Drivers License #: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**NOTE:**

***ONLY if you volunteer to drive, will the record be checked. If you have any questions, please contact one of the Crystal Lake Cooperative Preschool Board Members.***

## **FIELD TRIP COMPLIANCE STATEMENT AND PERMISSION FOR CLCP ACTIVITES**

I assure Crystal Lake Cooperative Preschool and the Department of Human Services that:

1. It is Crystal Lake Cooperative Preschools policy that any person suspected of alcohol and/or chemical consumption will not be allowed to drive (transport children) on the day of a field trip.
2. When children are transported in my vehicle:
  - Car seats used by passengers shall be properly restrained.
  - Every child 4'9" or under the age of 8 years shall be properly restrained in a child safety seat.
  - A truck shall not be used to transport children, except in a cab.
  - There shall be no loose or heavy objects in the passenger area.
  - My vehicle is in compliance with the safely equipment requirement specifying good operating condition of tires, brakes, exhaust system, windshield, windshield wipers, horn, lights and mirrors as contained in the Michigan vehicle code
  - All passengers shall remain seated and properly restrained by the safely belt while the vehicle is in motion. This includes the driver of the vehicle.
3. I have a valid driver's license appropriate for my vehicle and am at least 18 years of age.
4. I have no more than 6 points on my driving record.
5. When I am a volunteer driver, I shall have a certificate of no-fault insurance and proper registration in my possession for the vehicle being used.
6. I shall be familiar with the contents of the First Aid Kit, which the pre-school shall place in my vehicle along with the child placement card for each child being transported.
7. No child shall be in the vehicle longer than a continuous hour.
8. When transporting more than eight children, there shall be a staff member or volunteer present in addition to the driver. The children shall not be left unattended in the vehicle.

I give my child \_\_\_\_\_ permission to participate in all Crystal Lake Cooperative Preschool sponsored activities.

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Signature of Parent Date

# REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan  
Michigan Department of Human Services

**INSTRUCTIONS:** Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See [www.michigan.gov/canregistryclearance](http://www.michigan.gov/canregistryclearance) for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		
_____		
_____		

**Indicate below how you want to receive the results of the central registry clearance:**

I would like the results mailed to the address on my picture identification.

**IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.**

I would like to pick up the results from the local DHS office.

**IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.**

I would like the results mailed to:

Employer/Potential Employer

Volunteer Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.**

Signature of Requestor	Signature of DHS Staff Person Completing Request
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AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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