



APPS 1-Day Class

Our 1-day program is intended to introduce preschool to 2 year old children. Another goal of this class is to introduce parents to the parent cooperative school environment. Families have a few, very minimal “family obligations” that are intended to help fulfill this important mission. Besides attending class with their child, families have a total additional requirement to attend just the October General Meeting and Parent Education Night.. Please see “Requirements” section below. Class is held on Monday’s (excluding school holidays) from 12:30pm until 2:30pm. Like our other classes, APPS provides snack for the children. To further help families of this class become a part of the APPS community, the teacher will invite the class on some of the school-wide field trips and make certain the families are informed of the school’s community events.

STANDING RULES

A. Priority Enrollment: Current members and alumni begin enrolling for the fall at the January General Meeting. These current members and alumni have priority until January 31st. Priority is as follows:

1. Current Board members
2. Returning with a different child
3. Alumni

When two members fall into the same category, the member with the most seniority will have priority. If both members have the same amount of seniority, priority is given by the date the application is received. Beginning February 1st, this class is open to the public. Priority is given by the date the application is received from all applicants including current members applying after January 31st.

B. Participation Requirements:

1. 1-Day children must be 1 year, 9 months of age by September 2nd.
2. Family to complete application and pay \$50.00 Non- refundable,application fee. If there is more than one child, please fill out an application for each child. The \$50.00 application fee is per family, not per child.
3. Family to send in Enrollment Fee by end of July of pertinent school year.
4. Family to provide a child’s health history form to the teacher before starting class.
5. Family to pay monthly tuition. First and last month’s tuition is due the first day of school. All other months, tuition is due the 1st of every month and considered late after the 5th. Please indicate your child’s name and class in the notes section of your check. For example: “Charlie Brown-1 Day Class-December Tuition.”
6. Family member is required to stay during class. This is not a drop-off program.
7. Family member to help with clean up of a “station” during class.
8. Family member to attend parent/teacher conference, when assigned by the teacher.
9. Attend the October General Meeting (1st of the 9 General Meetings); held on the first Thursday of the month. Meetings begin at 7:30pm and end at approximately 10:00pm. Teacher will provide the topics that will be presented at other General Meetings .Members are always welcome to attend any additional Parent Ed nights as they choose. Please do not bring children.



If family enrolled in this class has a problem with meeting any of the requirements listed above, the family member should make another arrangement that is approved by the teacher and the board president.

Important note: Families that are also enrolled in the 2-day, 3-day, or 4-day classes are not expected to fulfill the 1-day requirement numbers 8, listed above. These families already attend General Meetings, work 1 hour at a fundraising event, and attend a full “work party”, as specified in their parent obligation agreement for families enrolled in the 2-day, 3-day and 4-day classes.

By signing below, I am acknowledging that I have read and understood the requirements listed above.

Parent Signature: _____
(Please Print Name)

Date: _____

Enrolled Child's Name: _____

Please bring this document with you to your first day of class on Monday, August 28th at 12:30. Please give to your teacher, Ms. Sanyoo.



IMMUNIZATION FORM

Dear Parent or Guardian:

In order to provide a healthy and safe environment for the children in the 1-Day program, please indicate below the dates of your child's immunizations.

Child's Name: _____

Polio: _____

DPT/Td: _____

MMR : _____

HIB Meningitis: _____

Hepatitis B : _____



CHILD INFORMATION SHEET

Please complete this form in detail and bring it with you to your first day of class, which is Thursday, September 6th from 12:30-2:00. The more information you can give us, the more help it is to our teachers.

Child's Name Birth Date: _____

Name by which child is called : _____ Birth Place _____

Parents' Name & Phone: _____

Address: _____

Occupation of parents: _____

Names and ages of other children in family: _____

Other adults in the house besides parents (give relationship of child to each) _____

Does your child have the opportunity to play with other children outside the family? _____

Favorite play materials: _____

Favorite pastimes: _____

Types of family outings your child enjoys: _____

Family _____ pets _____ (kinds _____ and names): _____

Special _____ problems:
Fears _____

Foods: _____

Health: _____



Allergy to Food or Materials: _____

Previous Serious Injuries or Illnesses _____

Any other information that will help the teacher better understand your child _____

Date

Parent's Signature