



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

ORIENTATION INFORMATION

We are very excited to meet and welcome all of our new and returning families. It is going to be a wonderful year ahead, with many fun and exciting times. We hope you are looking forward to it as much as we are!

- ❖ Orientation will be held on **Tuesday, August 6th at 6:30pm at Madison Elementary School.**

This evening is for **PARENTS ONLY**. Please come in through the main doors and you will be directed to the cafeteria.

This packet contains materials that need to be filled out. They can be turned in before orientation by mailing to 1436 W 300 N Warsaw, IN 46582 or emailing gwcpinfo@gmail.com to arrange a drop off time. Packet must be completed by orientation night.

Lastly, we usually sell *GWCP shirts* at the beginning of the school year. They are available in sizes for the whole family and come in a variety of colors! We will send an email with directions on how you can view these colors and choices online. Examples will be present at orientation night as well!
**note: we typically hold two fundraising events each year and this is NOT one of them. However, sporting GWCP apparel is a great way to advertise the school and show your pride/support for GWCP.*

If you have any questions between now and the night of orientation, please feel free to email gwcpinfo@gmail.com. WELCOME TO OUR SCHOOL!

Thank you,

GWCP Executive Board

Orientation night checklist to bring with you:

- Completed orientation packet
- Doctor signed health assessment – must be turned in by first month of school
- Shot (immunizations/vaccines) records – child cannot attend school until received
- Payment according to your selected option
- Purchased supply items



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

FAMILY INFORMATION

Student's Name: _____

2nd Student (if applicable): _____

Address: _____

DOB: _____ Class (circle one): 3/4's 4/5's

Sibling 1: _____ Age: _____ DOB: _____

Sibling 2: _____ Age: _____ DOB: _____

Sibling 3: _____ Age: _____ DOB: _____

Sibling 4: _____ Age: _____ DOB: _____

Medical Insurance Name: _____ Plan Name/Policy #: _____

Physician: _____ Phone number: _____

I hereby authorize the physician listed above to administer any emergency treatment in the event that I cannot be immediately reached.

INITIALS: _____

Guardian 1: _____ Guardian 2: _____

Employer: _____ Employer: _____

Phone #: _____ Phone #: _____

Work Phone: _____ Work Phone: _____

Emergency Contact (if guardians can't be reached):

Name: _____

Relationship: _____

Phone #: _____



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

CHILD INFORMATION

Child's Name: _____

This area acquaints the teacher with your child. Such information is needed to plan an effective preschool experience for your child. If during the year there are changes or current information you feel would be helpful, please talk it over with your child's teacher.

Which hand does your child favor? RIGHT LEFT

Which previous group experiences has your child had:

- Attends Sunday school on a regular basis
- Attended a nursery school program (state type of program such as co-op, church sponsored, Montessori, private, etc.)
- Childcare for a Moms Group
- Other experiences (please list) _____

Which of the following experiences has your child had recently:

- Visit to a farm
- Living in a large city
- Airplane ride
- Horseback ride
- Long trip
- Caring for pets
- Death in the family
- Time in a foreign country
- Moving to another house
- Raising a garden or plants
- Hospitalization (please note nature and length of time)
- Camping



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

- Living in an apartment
- Time away from parents (more than a day)
- Cooking
- Swimming
- A great fright
- Living with grandparents
- Speaking another language
- A serious accident
- A traumatic experience: _____
- Other: _____

Describe the kind of play space you have available for your child:

Which elementary school district do you live in?

What types of “messy” play does your child enjoy at home?

What toys are preferred by your child?

How much music listening is done? Name some favorites:

How much screen time does your child have? What are some favorites?

Is play actively sedentary, boisterous, quiet, energetic, self-initiated, or dependent on adult direction?

Does the child have an imaginary playmate? YES NO Describe:

How often do you and your child read together?



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

Please list favorite books:

What does your child enjoy doing with a male role model (father figure)?

What does your child enjoy doing with a female role model (mother figure)?

What responsibilities do you give your child at home?

How do you get the best results in improving behavior?

Describe your child's personality as they seem to you:

How does your child show their feelings?

What types of situations make them tense? How are they handled at such times?

List any other information that will help the teacher to understand your child:

What do you hope your child will gain from their co-op experience?

What would you as a guardian like to get from this experience?

PARENT PARTICIPATION



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

Parents must participate in the classroom a minimum of two times a month. This is what makes our school a cooperative preschool and stand out from the rest. This portion acquaints us with the special interests and training of our group. Using these talents fully is what gives our school its unusual quality. Since a satisfying adult experience is one of the points of the program, we hope you will fill this in fully and freely, adding any information you like.

Has a guardian completed a first aid course within the last two years: YES NO

Date of completion: _____

Please indicate below the talents either parent/guardian have and would be willing to share with the school.

- Repairs toys and/or equipment
- Sews
- Paints
- Minor carpentry work
- Discounts on supplies, equipment, or toys
- Access to large-scale copier
- Plays an instrument
- Speaks a second language
- Serve on executive board
- Other talents you would like to share: _____



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

PHOTO RELEASE

Child's Name: _____

One of the most exciting promotional tools in preschool awareness is the use of photos showing children in action. **To best protect our children, we want to assure you that in no manner will your child's identity be disclosed in captions in any photographic reproduction and distribution.**

May GWCP publish or display pictures of your child for use in future GWCP publications such as newsletters and brochures, multimedia presentation, Facebook, website, and store these photos on discs for purpose of archiving?

YES NO

If yes above, do you agree that you do not expect, nor require, any financial remuneration for the reproduction of such photos now or in the future?

YES NO N/A

INITIALS _____

RELEASE OF ALL CLAIMS

In consideration of all activities and services provided by the Greater Warsaw Cooperative Preschool for the school year listed on this document, I, as legal guardian of the child named in this document, hereby expressly release, hold harmless, and forever discharge the Greater Warsaw Cooperative Preschool, its employees, volunteers, Board of Directors, and officers, from any and all actions, causes of actions, claims and demands from or by reason of any damage, loss, or bodily injury, which hereafter may be sustained by the child named below and/or the undersigned, as a volunteer, in consequence of participation in any and all activities engaged in during the course of the school year.

This Release extends and applies to, and also covers and includes, but is not limited to, all known, unforeseen, unanticipated and unsuspected bodily injuries, damages, loss and liability, and consequences thereof. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, bodily injuries, or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

I hereby confirm and expressly acknowledge having received and reviewed this Release and enter into this Release voluntarily.

INITIALS _____



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

RELEASE OF ALL CLAIMS – FIELD TRIPS

In consideration of all field trips held and/or the provision of transportation to and from such trips arranged by the Greater Warsaw Cooperative Preschool for the CURRENT school year, I, as legal guardian of the child named below, hereby expressly release, hold harmless, and forever discharge the Greater Warsaw Cooperative Preschool, its employees, volunteers, Board of Directors, and officers, from any and all actions, causes of actions, claims and demands from or by reason of any damage, loss, or bodily injury, which hereafter may be sustained by the child named below and/or the undersigned, as a volunteer, in consequence of participation of said trips and/or transportation and all activities engaged in during the course of said trips.

Child's Name _____

This Release extends and applies to, and also covers and includes, but is not limited to, all unknown, unforeseen, unanticipated and unsuspected bodily injuries, damages, loss and liability, and consequences thereof. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, bodily injuries, or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

I hereby confirm and expressly acknowledge having received and reviewed this Release and enter into this Release voluntarily.

I, the undersigned legal guardians of the above named child, PERMIT the teacher/adult in whose care the above named child has been entrusted to transport, monitor, and supervise the child on a field trip, the location of which has been disclosed to me in advance of said trip.

I expressly PERMIT the above named child to ride in any vehicle designated by the teacher or adult in whose care the child has been entrusted while attending and participating in activities sponsored by the Greater Warsaw Cooperative Preschool.

I further AUTHORIZE the teacher/adult in whose care the above named child has been entrusted, to consent to any EMERGENCY x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to the child under the general or special supervision upon the advice of any physician or dentist licensed under the provisions of the Medical Practice Act and/or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I SHALL BE LIABLE and agree to pay all costs and expenses incurred in connection with any such EMERGENCY medical and/or dental services rendered to the child pursuant to this authorization.

INITIALS _____



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

VOLUNTEER DRIVER INFORMATION

Driver's Name: _____

I, the undersigned, desire to assist the Greater Warsaw Cooperative Preschool in transporting students on field trips. I understand that in the event of an accident my personal auto insurance is the primary carrier and the school's liability insurance (if authorized) is the secondary carrier.

I verify the following information on the driver and vehicle, which will be provided for field trips.

1. Vehicle is in good mechanical condition.
2. Vehicle has working brakes.
3. Vehicle tires have sufficient and adequate tire tread.
4. Driver has never been charged or convicted of a felony traffic offense.
5. Driver has current, valid driver's license.
6. Driver has current, sufficient auto insurance, which meets the State of Indiana's minimum requirement for financial responsibility.

Insurance Info:

Company: _____ Policy Number: _____

Driver's License Info:

DLN: _____ State Issued: _____ EXP: _____

INITIALS _____

Signature for all prior information included in packet

Legal Guardian Name (printed): _____

Legal Guardian Name (signed): _____

Date: _____



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

HEALTH ASSESSMENT

To be completed by child's physician. This can be done without your child being seen for an appointment. GWCP only requires this for the first year your child is enrolled at the preschool. This form must be turned in no later than 1 month after class has started.

A copy of the child's shot records are due the first day of class. NO exception.

Guardian: _____

Child's name: _____

Date of Birth: _____ Class: 3/4s 4/5s

YES NO Do you feel this child is physically and emotionally ready for the preschool setting?

YES NO Is child current on shots?

YES NO Copy of child's shot records provided with signed form (required by day 1 of class)

YES NO Allergies. If yes, list:

YES NO Any medical condition that would require special attention or that would be hazardous to the child while at preschool? If yes, list:

_____ Date of most recent exam

Physician's Name (printed): _____

Physician's Signature: _____

Date signed: _____



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

TUITION

Your first tuition payment is due in August at Orientation.

Select a payment option below. Tuition covers 9 months of class for the year. If you choose to pay monthly, a \$5 monthly service fee is included in the amounts below. Tuition can be paid by cash or check. Make all checks payable to Greater Warsaw Cooperative Preschool.

Email gwcptreasurer@gmail.com if you have any questions regarding tuition.

Costs shown below include all fees for the year. There is a separate supply list that includes school supplies and some communally used items throughout the year. GWCP also holds two fundraisers during the year for purchasing upgrades and updates to the classroom.

3/4's Class:

- Full Year \$800 due at orientation
- By Semester \$400 due at orientation and \$400 on January 1
- By Month \$94 due at orientation and on the 1st of each month October-May

4/5's Class:

- Full Year \$1050 due at orientation
- By Semester \$525 due at orientation and \$525 on January 1
- By Month \$122 due at orientation and on the 1st of each month October-May

Tuition shall be due on the first calendar day of the month payable to the Great Warsaw Cooperative Preschool. If tuition is not received by the 7th of each month, a \$5 penalty will be imposed weekly until payment is received. If a check is returned during the year, cash will be required as payment each month moving forward.

PAYMENT METHOD SELECTED

Return this bottom portion with your payment. Top section is for your records.



Greater Warsaw Cooperative Preschool
Nurturing curiosity. Fostering friendship. Growing together.

- Full Year
- By Semester
- By Month