



# Saline Cooperative Preschool

Learn, Play, Grow... Together!

## Application 2020-2021

(734) 429-0685

[www.salinecoop.org](http://www.salinecoop.org)

6299 Ann Arbor-Saline Road. Saline, MI 48176

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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

Are you interested in a non-assist position? YES or NO

\*A member with a non-assist position pays a higher tuition and is not required to help in the classroom but would still hold a job position.

Are you a current member of the co-op? YES or NO

Were you a previous member of the co-op? YES or NO

If yes, jobs held: \_\_\_\_\_

What are some of the ways that you first heard about the co-op that convinced you to join?

**Please check all that apply**

Word of mouth (please name person) \_\_\_\_\_

Internet search \_\_\_\_\_ Ad \_\_\_\_\_ Parade \_\_\_\_\_ Sign at Preschool \_\_\_\_\_

Poster/flyer \_\_\_\_\_ Website \_\_\_\_\_ Article(s) \_\_\_\_\_

Family Favorites in Ann Arbor Family magazine \_\_\_\_\_ Community Event (please name all that apply) \_\_\_\_\_

Other \_\_\_\_\_

## Saline Cooperative Preschool Contract

The Saline Cooperative Preschool admits students of any race, gender, religion, disability, or ethnic origin. Although the Co-op rents space on the lower level of Holy Faith Church, the preschool is not affiliated.

In consideration for the enrollment of our child in the Saline Cooperative Preschool, we hereby agree to the following:

- Attend evening General Membership meetings (2 per academic year).
- Assist with your child's class approximately 1-2 times per month (depending on class size but not applicable to non-assist positions)
- Provide a healthy snack and help with clean-up on assist days.
- Participate in fundraising (min. \$150/student).
- Perform an assigned job for the academic year (or longer depending on the position).
- Make tuition payments in a timely manner.
- Abide by the health standards set for the school.
- Volunteer for three publicity, fundraising and/or cleaning events (1 event must be cleaning).

In compliance with Act. No. 116, P.A. 1973 of the Administrative Rules regulating the operation of a Child Care Organization, mandated by the Michigan Family Independence Agency, Saline Cooperative Preschool requires its members to read and certify the following statement:

I hereby certify that I, an applicant to the Saline Cooperative Preschool, have never been convicted of any offense other than a minor traffic violation, nor have I been identified by Protective Services of the Michigan Family Independence Agency for the abuse and neglect of children and/or adults.

If I am unable to certify the above statement for any reason, I hereby certify that I have confidentially shared this information with the President of the Saline Cooperative Preschool and the Family Independence Agency.

Please sign and return with your application:

Child's name \_\_\_\_\_

Requested session \_\_\_\_\_

Parent/Guardian (sign) \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_

Date \_\_\_\_\_

Please send your application, membership contract, and non-refundable \$50 application fee to the membership chair (see [www.salinecoop.org](http://www.salinecoop.org) for address). Make checks payable to "Saline Cooperative Preschool."

**SALINE COOPERATIVE PRESCHOOL  
JOB ASSIGNMENT REQUEST FORM**

Dear Co-Op Member:

Every family is required to have a job assignment for the school year. Please complete the form below and return it to the membership chair (by mail or email) as soon as possible. Every effort will be made to grant preferences, but please remember this is a co-op and all jobs need to be filled. You will be notified of your job assignment by late summer. If you do not return this form, you will be assigned a remaining position.

**Please complete and return this form at your earliest convenience.**

*Remember, if you have more than one child enrolled, then you must complete one form for each student.*

Child's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parents' occupation or special skills: \_\_\_\_\_

**Please rank preferences for Co-Op job assignment from 1 (first choice) to 5 (last choice).** We need 1 Assistant Treasurer, Environmental Committee: 5-6 people, Publicity Committee: 3-4 people, Fundraising Committee: 5-6 people, and Social Committee: 3 people.

\* We will do our best to assign you to a preferred position, but all positions need to be filled for us to function effectivity.

\_\_\_\_ Assistant Treasurer

\_\_\_\_ Environmental Committee (coordinator, cleaning, health, facilities)

\_\_\_\_ Publicity Committee (on-line coordinator, community events, print media)

\_\_\_\_ Fundraising Committee (Script, flower sales, restaurant, bowling/silent auction)

\_\_\_\_ Social Committee (field trip coordinator, party planner, social event coordinator)

Are you a Board Member? If yes, what position? \_\_\_\_\_

If member last year, would you like to keep the same position you held last year? \_\_\_\_\_

If yes, what is that position? \_\_\_\_\_

Do you have specific skills, strengths, or experience which may aid in job placement or preschool events?

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