



**POE COOPERATIVE NURSERY SCHOOL, INC.  
COPY OF CONTRACT**

**School Philosophy and Policy**

Since 1974, the goal of Poe Cooperative Nursery School (also referred to as “PoeCo”) is to provide a developmentally appropriate nursery school program, which nurtures each child’s intellectual, physical, emotional, and social growth. Trained teachers and assistants structure the learning environment to support independent learning. Thoughtfully designed centers of concurrent activities provide children with a choice of learning opportunities and provide educators with ample teaching opportunities in our intimate classroom. Our curriculum is developmentally based and incorporates the principles of the Rice University School Literacy and Culture Project. Learning is fun. Our educators are sensitive to the developmental age, ability level, and interests of each child and they allow children the freedom and safety to learn the skills they need to be successful in school. Including the parent(s)/legal guardian(s) in the child’s school experience is integral to the program as school is seen as an extension of home.

PoeCo staff consists of two lead teachers and two assistants. Your child will always remain under the care of staff members while at school. Enrollment is ordinarily limited to a total of 32 children – 16 in each classroom. To qualify for entry, a child must be toilet trained and three years old no later than September 1<sup>st</sup> of the year of entrance.

**Background Checks**

As a cooperative pre-school housed in an HISD school and inside the state of Texas, PoeCo is required to comply with both HISD and State of Texas Department of Family and Protective Services regulations. Both regulatory bodies require that any parent participating in regular and scheduled contact with children must undergo a comprehensive background check. For PoeCo, this means any parent who is a Parent Helper or who chaperones a field trip. Therefore, Parent Helpers and Chaperones are mandated, through PoeCo, to submit all required information to: 1) HISD; 2) The State of Texas; and 3) The Federal Bureau of Investigation (FBI) National Crime Information Center (NCIC). These checks include a review of the following: 1) Fingerprint-based criminal history check of the National Crime Information Center (NCIC) (otherwise known as an FBI check); 2) Fingerprint-based criminal history check of the Texas Crime Information Center (TCIC); 3) A name-based check through the Texas Crime Information Center (TCIC); and 4) A name-based check of the Texas Department of Family and Protective Services central registry for child abuse and neglect. These fingerprint checks must be completed by August prior to the beginning of the school year, and they are valid for 24 months. This means that if you obtain a fingerprint check in August as an Acorn parent, the check will be valid as an Apple parent as well (translate: you only have to do it once per child!). The cost will be paid by the parents either upon scheduling the appointment or directly at the appointment with Integrated Biometric Technology (IBT). Acceptance into the program is contingent upon at least one parent’s clearance of all of these background checks. Please note that only parents who have cleared these background checks may participate in the Parent Helper days and/or Field Trips.

PoeCo is committed to guiding parents through the background check process. The Vice-President of Registration and Board President are familiar with timing and procedures and are here to help parents navigate the process. However, compliance with background checks is ultimately each family’s responsibility. Please do ask the registrar and president for clarification as needed, as background checks assist in creating a safe environment for our children.

**Responsibilities and Obligations of Membership**

Membership in a cooperative nursery school requires a commitment of time, energy, and talent by all parent(s)/legal guardian(s). Your participation will make your experience at PoeCo a rewarding one for both you and your child.

## 2012 – 2013 AT POECO

- A parent/legal guardian from each family participates as the parent-helper in the classroom approximately 8-10 times per year. The parent-helper provides a light, nutritious snack for the class. The parent-helper should be prepared to give full attention to the activities of the class and may not bring other children/siblings on his/her workday. The parent-helper is responsible for cleaning the classroom. Clean-up time begins at 11:30 and takes approximately one-half hour. The parent-helper is not required to work during extended day programs. A parent-helper may occasionally need to find a substitute to work in his/her place. The parent-helper is responsible for making arrangements for another member of the co-op to take his/her place and then marking the change on the master calendar in the front hall. A fine will be assessed for a missed parent helper day. Remember, your child looks forward to his or her parent-helper in the classroom at least once a month. Grandparents or other special people are welcome to visit on special occasions.
- Each family has a parent/legal guardian on the board of directors or on a committee. Committees include: party planning, fundraising, scrapbook, field trip administrator, etc.
- Each family will participate in one fundraising project per school year. Full participation is mandatory. For the spring fundraiser, each family is required to donate \$250.00 worth of items to our spring garage sale and work two shifts (three hours each) at the garage sale.
- At least one parent/legal guardian from each family will attend two informational/educational meetings, one each semester. Attendance by at least one parent/legal guardian is mandatory.
- Families may be asked to perform one special job each year, such as painting, sewing, repairing playground equipment, etc., or to attend a co-op work/clean-up day.
- A parent/legal guardian from each family is expected to accompany at least one field trip per school year.

Failure by a family to meet any of the above responsibilities may result in monetary fines or in that family being asked to leave the school.

The school year is divided into two semesters – Fall (August through December) and Spring (January through May) and the school calendar closely resembles that of HISD. **If a child is removed by his/her parent(s)/legal guardian(s) from the program before the end of either semester, the Vice President of Registration must be notified in writing by June 1<sup>st</sup> (for the fall semester) or December 1<sup>st</sup> (for the spring semester) or the family will be liable for tuition and extended day payments for the remainder of the semester.** There will be no deductions made from the monthly tuition for absences or illnesses. Tuition and fees are non-refundable and may not be used as a credit towards any outstanding financial obligations.

For all new and currently enrolled families, the following must be done by the dates stated:

- May tuition and extended day fees, which are both NON REFUNDABLE, must be received no later than February 15<sup>th</sup> to guarantee your child's place in the class for the coming year.
- Previously enrolled families must be current in all tuition, fees, and fines in order to be considered for admission.
- For all families, tuition for the month of September and the fall supply fee of \$75 is due no later than August 1<sup>st</sup>.
- A spring supply fee of \$75 will also be due in January.

Subsequent monthly tuition is paid on the first of each month, beginning in October. Tuition checks may be mailed to the post office box or deposited in the labeled box in the school.

### Fines

Fines for late pick-up are \$5.00 per child for pick up anytime during the first five minutes after the late flag is flown, and an additional \$1.00 per minute after the first five minutes. If the late flag is visible, the family will be billed the late fee by the Treasurer. The late flag is put out at 11:30 sharp for the morning class and at 2:50 sharp for extended days.

The fine for late tuition (tuition received after the fifth day of the month) is \$25.00. If tuition becomes more than one month overdue, the child may not attend school until payment is received. Any family whose tuition check is returned for non-sufficient funds will be charged \$25.00.

On the scheduled workday, a parent-helper should arrive no later than 8:15 a.m. A \$5.00 fine is assessed if the parent-helper arrives between 8:15 a.m. and 8:20 a.m., with an additional \$1.00 per minute assessed thereafter until arrival. If the parent helper misses a workday, a \$100 fine is assessed.

### **Relationship with Poe Elementary**

PoeCo accepts students into the pre-school program from within and outside of Poe Elementary School's district boundaries. While many PoeCo children attend Poe Elementary, acceptance into the elementary school is not guaranteed to students who live outside Poe's district boundaries. PoeCo students who reside outside this district must complete a magnet application to be considered for admission to Poe. Poe Elementary does NOT give special consideration to PoeCo students in its magnet admission process.

### **Completion of Registration**

A family is registered when the following are completed and returned to the Vice President of Registration:

- The Application for Admission;
- A copy of your child's birth certificate; and
- The non-refundable registration fee \$75 for incoming children and \$50 for children previously registered
- A copy of each parent's current Texas Driver's License for processing of required background checks.

The Vice President of Registration will then notify the family that the child's application is complete. Notice of Admission will be mailed by February 15, 2012. Once accepted into PoeCo, a family will be provided with a medical statement. It must be completed and returned to the Vice President of Registration by August 1<sup>st</sup>. This paperwork includes immunization records. Entering students must comply with HISD immunization requirements in order to attend the first day of school. Exclusions from compliance of the medical requirements are allowable on an individualized basis in the event of medical contraindication or for religious reasons. Failure to submit paperwork by the deadline may result in a fine. All of the required registration paperwork (application, birth certificates, immunizations, health records and all other required signed documentation) will be kept confidential.

Please retain pages 1-3 of this contract for your information and reference.

Vice President of Registration: Jill Jarvis, Registrar  
[Jill@bigkidsmallcity.com](mailto:Jill@bigkidsmallcity.com)  
858-401-9774  
P.O. Box 981012 Houston, TX 77098

For further information, contact the Vice President of Registration or PoeCo's President, Allison Teheng, 713-259-9279 or [Allison.Teheng@mac.com](mailto:Allison.Teheng@mac.com).



2012 – 2013 AT POECO

**POE COOPERATIVE NURSERY SCHOOL, INC.**

**COPY OF CONTRACT**

Physical Address: 5100 Hazard Street, Houston, Texas 77098

Mailing Address: P.O. Box 981012, Houston, Texas 77098

**APPLICATION FOR ADMISSION FOR THE SCHOOL YEAR 2012 TO 2013**

**APPLICATION FOR:**

\_\_\_\_\_ **APPLE CLASS (4 YRS)**

\_\_\_\_\_ **ACORN CLASS (3 YRS)**

**STATEMENT OF NON-DISCRIMINATION**

Poe Cooperative Nursery School, Inc. (also referred to as "PoeCo") admits children of any race, color, nationality and/or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to children enrolled at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of its educational policies, admissions policies, financial aid programs or other school-administered programs.

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

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

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

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

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

List the names and ages of other children in the family and the schools they currently attend:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Did you or any of your children formerly attend PoeCo? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, former student's name: \_\_\_\_\_

Years attended: \_\_\_\_\_

Applying child's previous group or pre-school experience:

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Is the child's residence in or out of Poe Elementary's district boundaries? In \_\_\_\_\_ Out \_\_\_\_\_

How did you hear about PoeCo? \_\_\_\_\_

**SPECIAL NEEDS**

Did your child reach developmental milestones at expected age ranges? (i.e. babbling, single word and two word phrases, sitting, crawling, walking) (If no, please describe.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been referred to or seen by a specialist? (If yes, please describe.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate any developmental conditions or special needs (e.g. physical needs, dietary, medical, allergies, etc.) of which PoeCo must be aware to provide your child with the appropriate care. Include all allergies (food or otherwise). Please indicate NONE if none.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT HELPER WORKDAY**

Please circle all days of the week you are available to be the Parent Helper. At least TWO days must be circled.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY



**PICK UP AUTHORIZATION**

Please list the name and relationship, phone number, and driver's license number of all adults (other than parents/legal guardians) who have your permission to pick up your child at PoeCo. Children may not leave PoeCo unless accompanied by an adult. Parent's names do not need to be listed. If the adult does not have a driver's license, please write N/A. Otherwise, each section must be completed for your application to be processed.

NAME	RELATION	PHONE	DRIVER'S LICENSE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Parent/Legal Guardian Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature  
Date: \_\_\_\_\_

**EMERGENCY PICK UP AUTHORIZATION**

Please list the name and relationship, phone number, and driver's license number of all adults (other than parents/legal guardians) who have permission to be called and asked to pick up your child if there is any emergency. **YOU MUST HAVE AT LEAST TWO NAMES LISTED.** Again, each section must be completed for your application to be processed.

NAME	RELATION	PHONE	DRIVER'S LICENSE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Parent/Legal Guardian Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature  
Date: \_\_\_\_\_

**RELEASE FROM LIABILITY AND FIELD TRIPS**

We authorize Poe Cooperative Nursery School, Inc. (PoeCo) to take our child, \_\_\_\_\_, on scheduled field trips for his/her education and entertainment. We agree that such field trips may be taken either in member parent/legal guardians' automobiles or teachers' automobiles (in either case using appropriate child restraint devices as required by law) or on foot. In consideration of this service, we agree to hold PoeCo, its employees, members, and volunteers harmless from any liability, whether joint or several, for any injuries my child sustains (i) en route to or from or, (ii) at the site of any such field trip, provided PoeCo, its employees, members, and volunteers commit no act of willful negligence which may reasonably be attributed as the cause of said injury.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**SUNSCREEN AND BUG REPELLANT APPLICATION RELEASE**

Regarding the Sunscreen and Bug Repellant policy: Parents should apply sunscreen and bug repellant on their child each morning either prior to coming to school or they may use the school's supply to be kept in a locked cabinet. If written consent is given below, the teachers will have the ability to apply sunscreen and DEET bug repellant on the children only once a day as the weather dictates.

In consideration of this service, we agree to hold PoeCo, its employees, members, and volunteers harmless from any liability, whether joint or several, for any injuries my child sustains from the application of the above names products when the weather conditions dictate their use.

Please check one of the following:

\_\_\_\_\_ We authorize PoeCo to apply sunscreen and/or DEET bug repellant on our child once a day based on the weather.

\_\_\_\_\_ We do not authorize PoeCo to apply sunscreen and/or DEET bug repellant on our child once a day based on the weather.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDIA/PHOTO RELEASE**

From time to time, photographs of the PoeCo students participating in school activities will be posted on the PoeCo website, as well as in publications for general public viewing. In consideration of this service, we agree to hold PoeCo, its employees, members, and volunteers harmless from any liability, whether joint or several, for the posting of such photographs. Children's names will NOT be included in such publications.

Please check one of the following:

\_\_\_\_\_ We authorize PoeCo to utilize photographs of our child in external publications.

\_\_\_\_\_ We do not wish to have our child's photographs utilized in external publications.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL TREATMENT RELEASE**

In the event our child, \_\_\_\_\_, becomes ill or sustains an injury while in the care or under the supervision of a staff member or member parent helper/legal guardian at Poe Cooperative Nursery School, Inc., we hereby authorize representatives of said school to give consent for any and all necessary emergency medical care. In consideration of this necessary emergency medical care, we agree to hold PoeCo, its employees, members, and volunteers harmless from any liability, whether joint or several, for any injuries my child sustains while being treated in accordance with this medical release. If required, we instruct PoeCo to inform emergency medical staff to transport my child to \_\_\_\_\_ (insert name of hospital). In absence of a preference, your child will be taken to Texas Children’s Hospital.

My child’s current doctor is:

\_\_\_\_\_  
Doctor’s Name, Address and Telephone Number

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT**

By signing below, we acknowledge receipt of this membership contract and agree to be bound by the terms and conditions thereof as set forth in the pages of this contract. We understand that this membership contract may be changed and amended from time to time by the PoeCo board of directors. We also acknowledge and agree to abide by the Poe Cooperative Nursery School, Inc. by laws and other policies (most of which are included in the Parent Handbook) as may be adopted by the board of directors. Failure to comply with the terms and obligations of membership in the cooperative will result in fines and/or dismissal from the program.

We further acknowledge and agree that if we intend to withdraw from the program, we must notify the Vice President of Registration IN WRITING by June 1<sup>st</sup> (for the fall semester) or December 1<sup>st</sup> (for the spring semester) or we will be liable for tuition and extended day payments for the remainder of the semester. We understand there will be no deductions made from the monthly tuition for absences or illnesses and that tuition and fees are non-refundable and may not be used as credit towards and outstanding financial obligations.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## VIPS (Volunteers in Public Schools)

In order to volunteer at PoeCo, you need to register as a volunteer with the Houston Independent School District (HISD) and submit to the VIPS background check.

Sign up online:

- 1) Go to the HISD website [www.houstonisd.org](http://www.houstonisd.org)
- 2) Scroll down to Parents at the bottom of the screen, click on VIPS login
- 3) Register as a new user
- 4) Create a user id and password. If prompted to choose a school, select Poe Elementary

VIPS will automatically update your information each year. If your children go on to HISD, you won't have to repeat this process.

Admission to Poe Co is contingent upon the successful completion and passing of the VIPS background check by at least one parent. Only parents that submit for and pass the background check will be able to participate in parent helper days and school field trips.

Please sign below and return this form with your registration packet to the registrar.

I have completed the background check form, attached a copy of my TDL and have registered online with VIPS.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

HOUSTON INDEPENDENT SCHOOL DISTRICT  
VOLUNTEER  
ACCESS TO POLICE RECORDS

\_\_\_\_\_  
School Site Requesting Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Name

\_\_\_\_\_  
Phone #

Revised Texas Education Code 22.083 authorizes the Houston Independent School District to obtain criminal history information on every employee, applicant, and volunteer of the District.

Have you ever been convicted or received probation or deferred adjudication for a felony offense involving capital murder; voluntary or involuntary manslaughter; any felony theft offense; indecency with a child; injury to a child, elderly, or disabled individual; kidnapping; aggravated sexual assault; aggravated assault causing serious bodily injury; sexual assault of a child; aggravated robbery; any felony where a deadly weapon was used or exhibited; any felony related to the manufacture, delivery, or possession of marijuana, a controlled substance, or a dangerous drug, or any felony related to pornography, or obscenity? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, YOU MUST INQUIRE REGARDING THIS INTERPRETATION. YOU MAY CONTACT THE HISD CRIMINAL HISTORY OFFICE AT 713) 892-7332.

Volunteers who have a criminal record that would preclude volunteering with the District are always welcome to participate in their children's education by attending parent meetings, school activities etc. at their children's school.

Your signature below authorizes the Houston Independent School District to obtain your criminal history information from any law enforcement agency.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Print or Type:

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip

Daytime Phone #: \_\_\_\_\_

School Volunteer Position  
Unsupervised Activities \_\_\_\_\_  
Overnight Chaperone \_\_\_\_\_

Please return to principal for processing.

**PICTURE IDENTIFICATION REQUIRED.**

HOUSTON INDEPENDENT SCHOOL DISTRICT  
VOLUNTEER  
ACCESS TO POLICE RECORDS

\_\_\_\_\_  
School Site Requesting Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Name

\_\_\_\_\_  
Phone #

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Have you ever been convicted or received probation or deferred adjudication for a felony offense involving capital murder; voluntary or involuntary manslaughter; any felony theft offense; indecency with a child; injury to a child, elderly, or disabled individual; kidnapping; aggravated sexual assault; aggravated assault causing serious bodily injury; sexual assault of a child; aggravated robbery; any felony where a deadly weapon was used or exhibited; any felony related to the manufacture, delivery, or possession of marijuana, a controlled substance, or a dangerous drug, or any felony related to pornography, or obscenity? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, YOU MUST INQUIRE REGARDING THIS INTERPRETATION. YOU MAY CONTACT THE HISD CRIMINAL HISTORY OFFICE AT 713) 892-7332.

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Print or Type:

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip

Daytime Phone #: \_\_\_\_\_

School Volunteer Position  
Unsupervised Activities \_\_\_\_\_  
Overnight Chaperone \_\_\_\_\_

Please return to principal for processing.

**PICTURE IDENTIFICATION REQUIRED.**