



4316 N. Decatur Blvd. Las Vegas, NV 89130 | 702-656-6600 | www.kidscoop.org

Dear Parents,

We hope you are having a wonderful summer. We have been busy with Summer Camps and are already looking forward to and planning for next year!

Per licensing requirements, each child (new and returning) must have the following forms updated annually and must be on file by August 15. Mrs. Thompson will be available during office hours August 1-August 5, 10am-12pm.

Please return these documents by AUGUST 15.

\_\_\_\_\_ Certificate of Tuberculosis (TB) Skin Test with Negative Result for Working Parent  
(Valid for upcoming school year)

\_\_\_\_\_ Child Questionnaire

\_\_\_\_\_ Doctor's Form (returning children do not need a new Doctor Form if health is unchanged;  
children who have an EpiPen allergy must fill out the Doctor's Form every year.)

\_\_\_\_\_ Vaccination Record **OR** Immunization/Enrollment Agreement

\_\_\_\_\_ Allergy Information

\_\_\_\_\_ Dietary Preference Information

\_\_\_\_\_ Consent for Medical Treatment

We have also included the Supply List for 2016-2017. Please refer to this carefully, as many items have changed since last year. **Supply items may be turned in during Setup Week or at Meet the Teacher Day.** We have also included a copy of the important dates for the beginning of the school year.

We still have a few spots open for 3 and 4 year olds. Please let us know if you are a member of any groups (MOPs, parenting groups, church groups, etc.) that would like to have a member of our staff come to speak! Possible topics include:

- The Importance of Rough and Tumble Play
- Love and Logic Parenting Solutions or a Love and Logic Movie Night
- The Role of Play in a Young Child's Development and Education

We look forward to seeing you in August!

2016-2017 Kids' Co-op Staff



## IMPORTANT DATES 2016

*Dates May Change*

<b>AUGUST</b>			
1	Monday		Tuition Due
1-5	Monday - Friday	10am-12pm	Office Hours
15	Monday		Enrollment Paperwork (Part 2) Due for All Families (Part 1 & 2) Due for Members Registered after May 29 <sup>th</sup>
20	Saturday	9am-1pm	Orientation for All Families Location: All Saints Church (4201 W. Washington Ave.)
23-26	Tuesday-Friday	By Appt	SET UP WEEK
30	Tuesday	10am-11am	T/TH Classes Meet the Teacher
31	Wednesday	10am-11am	MWF & M-Th Classes Meet the Teacher

<b>SEPTEMBER</b>			
1	Thursday		Tuition Due
5	Monday		NO SCHOOL – Labor Day
6	Tuesday		First Day of Preschool: T/TH & M-TH
7	Wednesday		First Day of Preschool: MWF
7	Wednesday	6:30pm-8:30pm	Session 1: Love & Logic Begins (Sept. 7, 14, 21, 28, Oct. 5)
8	Thursday	6pm-9pm	Make Up Orientation (at Kids' Co-op)
12	Monday	6:30pm-8:30pm	First Business Meeting
27	Tuesday	6:30pm-8:30pm	Session 2: Love & Logic Begins (Sept. 27, Oct. 4, 11, 18, 25)

<b>OCTOBER</b>			
1	Saturday		Tuition Due
3	Monday	12pm-1pm	Lunch Bunch Begins
10	Monday	6:30pm-8:30pm	Business Meeting
	TBD		All School Orchard Field Trip
	TBD		NO SCHOOL – Staff Development Day
28	Friday		NO SCHOOL- Nevada Day (Observed)



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## CONTACT INFORMATION

Kids' Co-op Preschool  
 4316 N. Decatur Blvd. Las Vegas, NV 89130  
 (702) 656-6600  
 www.kidscoop.org

TEACHERS	HOME	MOBILE	EMAIL	POSITION
Bonnie Toth	N/A	702-296-4106	btoth@kidscoop.org	2's T/Th
Trisha Christmas	N/A	702-561-4569	tchristmas@kidscoop.org	2's MWF
Teri Johnston	702-395-4121	702-845-5318	tjohnston@kidscoop.org	3's M-F
Lisa Fitzgerald	702-395-7543	702-234-6386	lfitz@kidscoop.org	4's M-Th
Mindi Cooley	702-658-7604	702-340-7730	mcooley@kidscoop.org	4's MWF & 3/4's T/Th
Vicky Thompson	702-256-4313	702-236-5876	info@kidscoop.org	Teacher Support/ Office

BOARD MEMBER	MOBILE	EMAIL	POSITION
Angela Blagg	702-499-2643	president.kidscoop@gmail.com	President
LiTonya & Russell Gillan	702-417-7882	vp.kidscoop@gmail.com	VP of Operations
Jen Fontes	702-419-7368	vp2.kidscoop@gmail.com	VP of Personnel
Jamie Lloyd	702-672-8246	secretary.kidscoop@gmail.com	Secretary
Josh Wattenbarger	702-592-8844	treasurer.kidscoop@gmail.com	Treasurer
Lisa Lorenzo	702-332-1435	liaison.kidscoop@gmail.com	Coordinator Liaison
Shauna Turner-Beck	702-813-6725	events.kidscoop@gmail.com	Special Events
Darren Weller and Toby Allen	702-767-8910	facilities.kidscoop@gmail.com	Facilities Coordinator
Chrissy Doolen	702-684-0230	publicity.kidscoop@gmail.com	Publicity
Anita Irete	702-580-4437	fundraising.kidscoop@gmail.com	Fundraising Chair



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## TUBERCULOSIS TESTING

Per Child Care Licensing, every member of the staff of a facility, including a volunteer, shall present to the director of the facility, to be placed in the employee's file, written evidence that they are free from communicable tuberculosis. The evidence must be in the form of a report which states that the employee is free from active tuberculosis as required pursuant to subsection 2 or 3. All working parents must submit a certificate of TB lab test result stating that they do not have TB. A doctor's note is NOT sufficient. This test must be completed every two years. Please see below for suggested list of testing locations.

## TUBERCULOSIS TESTING LOCATIONS

Call location directly for information on availability, cost, hours and/or appointments.

- COMPLETE MEDICAL CONSULTANTS - [www.completemedicalconsultants.com](http://www.completemedicalconsultants.com)  
1485 W. Warm Springs, Ste. 109, Henderson, NV 89104 | (702) 566-6429
- CONCENTRA MEDICAL CENTER - [www.concentra.com](http://www.concentra.com)  
5850 Polaris Ave., Ste. 100, Las Vegas, NV 89118 | (702) 739-9957  
3900 Paradise Rd., Ste. V, Las Vegas, NV 89169 | (702) 369-0560  
151 W. Brooks Ave., North Las Vegas, NV 89030 | (702) 399-6445  
3945 W. Cheyenne Ave., Ste. 208, North Las Vegas, NV 89032 | (702) 645-8116  
149 Gibson Rd., Ste. H, Henderson, NV 89014 | (702) 558-6275
- DOYNE MEDICAL CLINIC - [www.doynemedicalclinicofnevada.com](http://www.doynemedicalclinicofnevada.com)  
1706 W. Bonanza Rd., Las Vegas, NV 89106 | (702) 631-6860
- LAB EXPRESS/SYNERGY LABS - [www.labexpressofnv.com](http://www.labexpressofnv.com)  
4550 E Charleston Blvd., Las Vegas, NV 89104 | (702) 307-5415  
4161 S. Eastern Ave., Ste. A-6, Las Vegas, NV 89119 | (702) 643-5227
- LAS VEGAS ANY TEST NOW - [www.anylabtestnow.com](http://www.anylabtestnow.com)  
708 N Rainbow Blvd., Las Vegas, NV 89107 | (702) 364-8378
- NEVADA HEALTH CENTERS - [www.nvrhc.org](http://www.nvrhc.org)  
3900 Cambridge Ave., Ste. 101, Las Vegas, NV 89119 | (702) 307-5415  
2212 S. Eastern Ave., Las Vegas, NV 89104 | (702) 735-9334  
1799 Mount Mariah Dr., Las Vegas, NV 89106 | (702) 838-1961  
2225 Civic Center Dr., Ste. 224, North Las Vegas, NV 89030 | (702) 214-5948
- THE VACCINE CENTER AND TRAVEL MEDICINE CLINIC - [www.vaccinecenter.com](http://www.vaccinecenter.com)  
500 E. Windmill Lane, Ste. 115, Las Vegas, NV 89123 | (702) 800-2723  
2051 N. Rainbow Blvd., Ste. 100, Las Vegas, NV 89108 | (702) 800-2723



**DOCTOR FORM**

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST, MIDDLE INITIAL, LAST MONTH / DATE / Year

**Immunizations**

Please attach copy of child's immunization record.

**Health Assessment**

Status of Child's health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any known condition under treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any known allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, is the above named child physically able to participate in a regular preschool program?

Yes / NO (Please circle)

If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_

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



## IMMUNIZATION/ENROLLMENT AGREEMENT

We the undersigned agree to the following:

\_\_\_\_\_ has declared that his/her religious/personal belief  
Parent(s) Name(s)  
prohibits having the following immunized:

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST, MIDDLE INITIAL, LAST MONTH / DATE / Year

This letter is a religious exemption that permits the enrollment of the above child(ren) at Kids' Co-op Preschool, a private school, in the State of Nevada under provisions of Nevada Revised Statues 432A.230 and 432A.240.

In the event of the occurrence of any vaccine preventable illness in a classmate, the above child(ren) will be excluded for a period of no less than the normal incubation period for that particular illness.

Under such conditions, I agree to pay fees whether or not my child attends the Kids' Co-op Preschool. There are no refunds or deduction in fees for sick days. I understand that my child can withdraw from Kids' Co-op provided that the Member provides the Director with at least two weeks written notice. For complete information regarding monies, fees and refund information refer to Kids' Co-Op Handbook and Bylaws.

If I/we provide written notice as required, I/we will be released from the obligation to pay the tuition for the period following such withdrawal, and any tuition that has been prepaid past the withdrawal date will be refunded.

I agree to keep my child home from Kid's Co-op if there is any question of illness and to notify Kids' Co-op immediately of the nature of the illness.

**Parent/Guardian Name:** \_\_\_\_\_  
FIRST, MIDDLE INITIAL, LAST

Home Address: \_\_\_\_\_  
STREET CITY ZIP

Signature of Parent/Guardian:		Date:	
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**Parent/Guardian Name:** \_\_\_\_\_  
FIRST, MIDDLE INITIAL, LAST

Home Address: \_\_\_\_\_  
STREET CITY ZIP

Signature of Parent/Guardian:		Date:	
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## ALLERGY INFORMATION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST, MIDDLE INITIAL, LAST MONTH / DATE / Year

Please include the severity of reaction, degree of exposure, frequency of reaction and management/treatment of the reaction. **All allergies require documentation from a doctor.**

### MEDICATION

My child has known allergies to medication: Yes / No (Please Circle One)

If yes, please list the medication(s) your child is allergic to:

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### FOOD

My child has documented allergies to food: Yes / No (Please Circle One)

If yes, please list the food your child is unable to eat:

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### INSECT STINGS/BITES

My child has documented allergies to insect stings/bites: Yes / No (Please Circle One)

If yes, please list the type of insect bites your child has reacted to:

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### SEASONAL ALLERGIES

My child has documented allergies to seasonal allergies: Yes / No (Please Circle One)

Explanation: \_\_\_\_\_  
\_\_\_\_\_

My child does have an EpiPen and one will be provided to the school for use in case of an Emergency:  
Yes / NO (Please Circle One) **IF YES, Please include Dr. note**

The following allergy requires an EPI Pen if the child comes in contact with or digests it: \_\_\_\_\_  
\_\_\_\_\_



## DIETARY PREFERENCE INFORMATION

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST, MIDDLE INITIAL, LAST MONTH / DATE / Year

Due to religious beliefs, my child is unable to eat the following:

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Due to dietary choices, my child is unable to eat the following:

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While staff and members alike try to adhere to a families' preference, snack is based on the members' personal choices. Therefore, if you do not wish your child to eat certain foods, it is your responsibility to check the snack at the beginning of each school day. If you do not feel comfortable with the choice of snack for that day due to dietary preference, you may provide an alternative snack for your child on that day.

Signature of Parent/Guardian:		Date:	
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## CONSENT FOR MEDICAL TREATMENT

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST, MIDDLE INITIAL, LAST MONTH / DATE / Year

In an emergency, Kids' Co-Op has my person to call an ambulance or to take my child to any available physician or hospital at my expense.

Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please Initial)

In an emergency, my child may receive first aid.

Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please Initial)

In an emergency, Kids' Co-Op has my permission to call

Dr. \_\_\_\_\_ at \_\_\_\_\_ and, if necessary, give  
Child's Physician Phone Number

consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense.

Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please Initial)

Signature of Parent/Guardian:		Date:	
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## PROGRAM ENROLLMENT CHILD QUESTIONNAIRE

To help your child's transition to our school and a new class go as smoothly as possible, please take a moment to answer these questions. We hope you will give Kids' Co-op the benefit of your greatest and most compassionate thinking about your child.

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Nickname (preferred name) \_\_\_\_\_ Age \_\_\_\_\_

### **Family and Personal Information**

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

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

With whom does the child live? \_\_\_\_\_

List names and ages of brothers/sisters/ or other children living in the home:

\_\_\_\_\_

Please list other significant adults in the child's life (grandparents/aunts/nanny, etc.):

\_\_\_\_\_

Does your child have an attachment to a special item? What is the item and its name?

\_\_\_\_\_

What types of things do you do together as a family?

\_\_\_\_\_

What does your child do with free time? (Please list favorite activities and interests, likes and dislikes)

\_\_\_\_\_

\_\_\_\_\_

Please list any organized and/or extra curricular activities that your child has participated in

\_\_\_\_\_

Have there been, or are you expecting any changes in the family or significant life stressors? (ie: divorce, death, new baby, exposure to traumatic events, frequent moves, etc.) \_\_\_\_\_

\_\_\_\_\_

Has your child attended another pre- school or daycare? If so, please provide locations. Will they be attending another school along with the Kids' Co-op? \_\_\_\_\_

\_\_\_\_\_



**Child's Background Information**

Was there anything unusual about the pregnancy or birth with this child? Was the child in an Intensive Care Unit or special care nursery? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please describe any major illnesses, surgeries, hospitalizations: \_\_\_\_\_

Please list all medications: \_\_\_\_\_

Has your child's pediatrician had any concerns about your child's development? If yes, please describe:

\_\_\_\_\_

**Child's Early Development Information**

Has your child received speech therapy\_\_\_\_ physical therapy\_\_\_\_ occupational therapy\_\_\_\_  
counseling\_\_\_\_ If yes, with what agencies? \_\_\_\_\_

Can grandparents/family/relatives understand when the child speaks? If no, please describe.

\_\_\_\_\_

Does your child listen to stories? \_\_\_\_ Does your child know colors\_\_\_\_ numbers\_\_\_\_ alphabet\_\_\_\_

Does your child regularly urinate in the toilet during the day? \_\_\_\_ defecate in the toilet?\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

How does your child react to new situations and people? Shy\_\_\_\_ bold\_\_\_\_ curious\_\_\_\_

slow to warm up\_\_\_\_ initiates conversation\_\_\_\_ Other \_\_\_\_\_

Is your child easily upset? By what kinds of things? \_\_\_\_\_



Please note whether this N(never), S (Sometimes), or O (often) occurs for your child:

Plays cooperatively with other children	N S O	Will ask other children to play	N S O
Obeys teachers and adults	N S O	Is difficult to calm down	N S O
Prefers to play by him/herself	N S O	Sleeps with parents	N S O
Can pay attention for 5 minutes	N S O	Has unusual rituals or behaviors	N S O
Separates easily from parents	N S O	Makes eye contact	N S O
Has temper tantrums	N S O	Is hyperactive	N S O
Cries excessively	N S O	Obeys parents	N S O
Aggressive behavior	N S O	Stutters	N S O
Worries	N S O	Lying	N S O

Place an X in the column that best describes your level of concern about each area of your child's development:

Area of Development	My child is doing OK	I'm a little worried	I'm somewhat worried	I'm very worried
General Development				
Motor Skills				
Health				
Understanding and thinking skills				
Speech and oral language skills				
Social Skills				
Vision				
Hearing				

Is there anything else you feel the school should know about your child? \_\_\_\_\_

**DEMOGRAPHIC INFORMATION (OPTIONAL)**

We are often asked for general demographic information when we apply for grants. If you feel comfortable sharing this information, it would be appreciated as we try to bring in funding for the school. Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Hispanic or Latino                | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White or Caucasian                  |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Black or African American         |  |



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## SUPPLY LIST - DUE SET-UP WEEK

### 2's Class (MWF and T/Th)

- 1 roll of painters tape 2- inch
- 1 box of Band-aids
- 1 package 24 count of crayola brand crayons
- 2 small spray bottles (found in beauty department)
- 1 box of trash bags (MWF bring 25+count kitchen size- unscented, T/Th bring 10+ count 33gal lawn waste size)
- Baby Wipes (T/TH class only)
- 1 Box 100 count latex gloves, size Med (MWF class only)

### 3's Class (MWF and T/Th) and 3/4's (T/Th) Class

- 1 roll 1-inch painters tape
- 2 bottles of Elmer's washable school glue (black Label 4oz)
- 1 package 16 count Pipsqueak Markers
- 30+ count Ziploc bags (MWF bring quart size; T/Th classes bring gallon size)
- 3 pads of Post-it sticky pads 3in X 3in, 100 count (MWF class only)
- 1 small pkg. (100ct) ribbed paper plates, UNCOATED (T/Th classes only)

### 4's Class (MWF and M-Th)

- 2 bottles of Elmer's washable school glue (black label 4oz)
- 50+ count 13 gal tall kitchen garbage bags
- 3 Large Elmer's Washable Glue Sticks (0.88oz, 22 grams)
- 12 rolls paper towels (M-Th class only)
- Dixie Cups, 3oz size, 300 cups package (M-Th class only)
- 1 ream of copy paper (M-Th Class Only)
- Thermal Laminating Pouches 20+ pack letter size (Amazon and Sam's Club has a box of 200 for around 20.00)

## REQUIRED PHOTOS

*Due no later than Set-Up Week. All photos should be 4x6.*

### 2's

- 2 copies of a recent family photo
- 1 recent child only

### 3's

- 2 copies of a recent family photo
- 2 recent child only
- 1 child as baby

### 3/4's

- 2 copies of a recent family photo
- 1 recent child only
- 1 child at 6 months
- 1 family pets

### 4's

- 2 copies of a recent family photo
- 1 recent child only
- 1 child at 3-6 months
- 1 family pets



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## SUPPLY LIST (continued)

### DUE OCTOBER

3/4's T/Th

- 12 rolls paper towel
- Dixie Cups, 3 oz., 300 cups

### DUE NOVEMBER

3's MWF

- 12 rolls paper towel
- Dixie Cups, 3 oz., 300 cups

### DUE JANUARY

2's MWF

- Baby Wipes
- 12 rolls paper towel
- Dixie cups, 3oz size, 300 cups

### DUE FEBRUARY

4's MWF

- 12 rolls paper towel
- 1 box tissue
- Dixie cups, 3oz size, 300 cups

### DUE MARCH

3's T/Th

- 12 rolls paper towel
- 1 box tissue
- Dixie cups, 3oz size, 300 cups

### DUE APRIL

2s T/TH

- 12 rolls paper towel
- 1 box tissue
- Dixie cups, 3oz size, 300 cup

## OPTIONAL ITEMS

- Colored Painter's Tape
- Chinet Paper Plates
- Plastic Spoons
- Plastic Forks
- Cereal Size Paper Bowls
- Outside Push Brooms
- Inside Brooms
- Dust Pans
- Drinks for Teacher Fundraiser
- Shaving Cream
- Ink Cartridges – Epson WF3520 Printer
- Playground Balls
- Craft Items: sequins, jewels, stickers
- Laminating Pages

## WISH LIST

- Laptop Computer
- Ninja Blender system
- We really need 8 SD Cards
- We really need 8 Flashdrives