



Has your child had any other preschool experience? \_\_\_\_\_

How did you hear about Alpha-Bet? \_\_\_\_\_

Please list the names of other Family members living at home, starting with siblings:

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

T-Shirts

Alpha-Bet supplies a t-shirt for every student. Please indicate your child's shirt size.

XS (2-4) S (6-8) M (10-12) \_\_\_\_\_

Background Checks

Each family is required to have the member of the family that will be parent helper most often complete a criminal background check and a National Sex Offender Registry check. This is a Department of Social Services Requirement. Please provide the information below and your signature of approval.

Signature \_\_\_\_\_

Full Name for Search

Last	First	Full Middle	Maiden Name
_____			
_____			

Race \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Alpha-Bet School Inc  
COOPERATIVE MEMBERSHIP AGREEMENT

1. I agree to be bound by the rules, regulations and the by laws of Alpha-Bet. A handbook copy of said rules will be given to me at the beginning of the school year, or will be made available to me at any time upon request.
2. I agree to the following duties as a member of Alpha-Bet:
  - a. Participation in the classroom on a regular basis.
  - b. Committee work or job task on school operations.
  - c. Attendance at workdays prior to the opening of school and at the end of the school year.
  - d. Mandatory meetings, to include Orientation and General Membership meeting attended by at least one parent.
  - e. Assistance with all fundraising throughout the year.
  - f. Participation on some field trips as driver or babysitter.
3. I agree to make monthly tuition payments. The first and last month's payments are due prior to the start of school. May tuition is due August 1<sup>st</sup>; September tuition is due September 1<sup>st</sup>. Subsequent monthly payments will be made on the first of the month through April. I agree to include a \$10.00 late penalty fee with my tuition if my tuition is dated later than the fifth of the month.

2 day 3s	\$160.00 with a one time supply fee of \$60
3 day 4s	\$180.00 with a one time supply fee of \$90
5 day 4s	\$250.00 with a one time supply fee of \$150
4. I agree to abide by the health and safety standards of Alpha-Bet and I understand that no child will be permitted to attend school until all medical forms for parent and child are submitted to the Director.
5. I agree to abide by the rules for withdrawal of my child from Alpha-Bet. I understand that I must give 15 days written notice to the Executive Board. This must be mailed to Alpha-Bet School Inc, PO Box 289, Manassas VA 20108. Any refund owed to the family will be prorated to the postmarked date. Failure to give written notice of withdrawal shall result in the forfeiture of all tuition monies paid. See Alpha-Bet Handbook – Fiscal Policy.
6. I understand that failure to meet my obligations to Alpha-Bet School Inc can result in termination of my membership in the cooperation. See all Dismissal in the Alpha-Bet By-Laws, Article V, Section 10.
7. Alpha-Bet School Inc agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the school.

8. The parent/guardian authorizes Alpha-Bet School Inc to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.\*

9. The parent/guardian gives authorization for the child to participate in field trips: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardians that state their objection and reason for their objection.



OFFICE USE ONLY  
IDENTITY VERIFICATION

Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Other Form of Proof: \_\_\_\_\_

Proof of the child's identity and age may include a certified copy of the child's birth certificate, notification of birth (hospital, physician or midwife record), baptismal record, school record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the program assumes responsibility for the child directly from the school. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

**ALPHA\_BET SCHOOL INC  
COMPLETE EMERGENCY INFORMATION FORM**

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

Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Allergies and/or Special Needs:

\_\_\_\_\_  
\_\_\_\_\_

Parent's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency Contact/Pick up Information**

1. Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

3. Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_