



WELCOME!

BIENVENIDO!

We are so excited to have you and your family as part of the New Horizons community! Please complete the enclosed forms and return them to school before school starts. We have also included additional information about New Horizons. Please call or email with any questions!

Forms to be completed and returned to school before school starts:

- Enrollment Record (Pages 2 - 5)
- General Health Appraisal (to be filled out by child's physician) - Page 6
- Immunizations Form (to be filled out by a physician) -Page 7
- Parent Responsibility Form - Page 8
- Photo Release Form - Page 9
- Sunscreen Form - Page 10



NEW HORIZON COOPERATIVE PRESCHOOL ENROLLMENT RECORD



Date of Enrollment _____

Child's Name _____ Nickname _____

Home Address _____
Street City/State Zip

Home Phone _____ Sex M F Age _____ Date of Birth _____

Total Number of person(s) in Household: _____ Female Head of Household ___ Yes ___ No

Parent/Guardian Name _____ Cell Phone/Pager/Home Phone _____
Last First

Parent Address (If different from child) _____
Street City/State Zip

Parent/Guardian Name _____ Cell Phone/Pager/Home Phone _____
Last First

Parent Address (If different from child) _____
Street City/State Zip

New Horizon is required to provide services to low/moderate income households in Boulder. Please check the box below if you participate in any of the following programs:

- | | |
|--|--|
| <input type="checkbox"/> Subsidized or Low Income Housing: _____ | <input type="checkbox"/> Section 8 Voucher |
| <input type="checkbox"/> Medicaid _____ (optional) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Childcare Assistance Program | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Low Income Energy Assistance Program | <input type="checkbox"/> SSI/SSDI |
| | <input type="checkbox"/> CHP+ |
| | <input type="checkbox"/> Other assistance |

I have given the information above and to the best to my knowledge it is true and accurate. I agree to allow New Horizon Preschool to contact any/all the above mentioned agencies to verify my participation and/or income. Parent Signature: _____ Date: _____

EMERGENCY CONTACT

(1) _____
Name Relationship Cell Phone/Pager/Home Phone

(2) _____
Name Relationship Cell Phone/Pager/Home Phone

(3) _____
Name Relationship Cell Phone/Pager/Home Phone

STAFF USE ONLY

Verification of Applicant participation in agency listed above () YES () NO

Agency Contact Person: _____ Phone: _____

New Horizon Preschool Staff Member Signature: _____



HOUSEHOLD DEMOGRAPHICS

New Horizon Preschool is required to offer you the opportunity to self-identify your ethnicity/race. However, you may refuse to complete this section.

Head of Household	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____

Spouse or Other Adult or Minor Child (Circle One)	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> NotHispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____

Spouse or Other Adult or Minor Child (Circle One)	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> NotHispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____

Spouse or Other Adult or Minor Child (Circle One)	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> NotHispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____

Spouse or Other Adult or Minor Child (Circle One)	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> NotHispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____



PICK UP INFORMATION

Additional Person(s) Authorized to Pick up Child (Must show photo ID):

(1) _____
 Name Relationship Phone

 Address

(2) _____
 Name Relationship Phone

 Address

FIELD TRIPS/TRANSPORTATION AUTHORIZATION

I give my permission for my child, _____ to go on field trips away from school on foot or by vehicle: yes / no

Parent/Guardian signature _____ Date _____
 Parent Guardian Signature _____ Date _____

SCHOOL COMMUNICATION

What is your preferred means of communication (please check one and fill in the contact information)?

Email (preferred email address): _____

Text (preferred cell phone number): _____

Paper information via your child's mailbox at school



MEDICAL INFORMATION

Hospital of Preference (Please check one):

- Good Samaritan Medical Center, 200 Exempla Cir, Lafayette, CO 80026
- Foothills Hospital, 747 Arapahoe Ave, Boulder, CO 80303
- Other _____

Allergies/Reactions _____

Chronic Illnesses/Special Needs _____

Medications _____

Additional Medical Information/Comments:

Insurance/Health Care Plan Information _____

Is your child fully immunized? _____ Completed immunization records must be provided on or before the first day the child is in care. Please see Colorado Department of Public Health & Environmental vaccination letters on pages 7-8.

Physical limitations _____ Describe if yes _____

Dietary limitations _____ Describe if yes _____

Authorization for Emergency Medical Care

I hereby give my permission to New Horizons Cooperative Preschool to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken.

If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures

_____ Date _____

_____ Date _____

General Health Appraisal Form

Parent: *Please complete*

Child's Name: _____ **Birthdate:** _____

Allergies: None Describe: _____

Type of Reaction: _____

Diet: Breast Fed Formula: _____ Age Appropriate

Special Diet: _____

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

Sleep: Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, _____ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number: _____

Parent or Legal Guardian Signature Date: _____
Authorization expires 365 days after this date

Health Care Provider: *Please complete after parent section has been completed*

Date of Last Exam: _____ **Recent Weight:** _____ ****HCT:** _____ **** B/P:** _____ ****Lead Level:** _____

Physical Exam: Normal Abnormal (*see explanation of significant health concerns:*)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes Developmental Delays

Vision Hearing Hospitalizations Severe Allergies Other (*dental, nutrition, behavior, etc.*) _____

Explain above concerns (if necessary, include instructions to childcare providers): _____

Current Medications/Special Diet: None Describe: _____

(Separate medication authorization form required for medications given in Child Care)

Fever reducer or pain reliever (mark only one product: max. 3 consecutive days without additional medical authorization)

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed:
Dose _____ See attached Dosage Schedule from our office

OR

Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed:
Dose _____ See attached Dosage Schedule from our office

Immunizations: Up-to-date See attached immunization record Administered today: _____

Signature:

Next Well Visit: Per AAP Guidelines* or Age: _____

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) Date: _____

Office Stamp: Or write Name, Address, Phone Number

The Colorado Chapter of the American Academy of Pediatrics (AAP), Healthy Child Care Colorado, and Headstart have approved this form 04/04.
* The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.
** Required by Head Start programs only per state EPSDT schedule
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COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____

Date of birth: _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

Required vaccines	Immunization date(s) MM/DD/YY	Titer date* MM/DD/YY
Hep B Hepatitis B		
DTaP Diphtheria, Tetanus, Pertussis (pediatric)		
Tdap Tetanus, Diphtheria, Pertussis		
Td Tetanus, Diphtheria		
Hib <i>Haemophilus influenzae</i> type b		
IPV/OPV Polio		
PCV Pneumococcal Conjugate		
MMR Measles, Mumps, Rubella		
Measles		
Mumps		
Rubella		
Varicella Chickenpox		

Varicella - date of disease	Varicella - positive screen date
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*A positive laboratory titer report must be provided to the school to document immunity.
*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended vaccines

Immunization date(s) MM/DD/YY

Recommended vaccines	Immunization date(s) MM/DD/YY
HPV Human Papillomavirus	
Rota Rotavirus	
MCV4/MPSV4 Meningococcal	
Men B Meningococcal	
Hep A Hepatitis A	
Flu Influenza	
Other	

Health care provider signature or stamp: _____

Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____

Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____



Parents' Responsibilities



As a cooperative, New Horizons depends on the involvement of all families attending the preschool. Your responsibilities include the following:

Co-op Responsibilities - 3 hours per month

- Co-op in your child's class once a month
- If you can't co-op based on your schedule, here are alternatives
 - o Attend a community meeting (1 hour/month)
 - o Attend a parent workshop or Family Literacy Sessions (varies)
 - o Perform other school services such as: yard upkeep, sweeping, laundry, food/supply shopping (talk to teachers about this option)
 - o Volunteer to plan community events such as fall cultural picnic, Posada, graduation
- Participate in three all-school clean-ups, two hours each time

Tuition Responsibilities:

- Pay tuition monthly by the 10th
- If withdrawing your child from school, give 30 days advance notice

I have read this list of responsibilities, and accept these responsibilities upon enrolling my child in New Horizons Preschool.

Parent/Guardian signature:

Date:

Parent/Guardian signature:

Date:

Please list any special interests or talents that you could share with the school:



Media Consent Form



This parental request form is to request permission to use your child's photo/image in New Horizons print and web media.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to New Horizons.

Check one of the following choices:

I/We GRANT permission for a photo/image that includes this student without any other personal identifiers (i.e. name) to be published on the New Horizons website or print media.

I/We GRANT permission for this student's photo/image and name to be published on the New Horizons website or print media.

I/We DO NOT GRANT permission for photo/image that includes this student to be published on the New Horizons website or print media.

Student's Name: (please print) _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

Date: _____



Sunscreen Authorization Form



This form is to provide New Horizons' teachers with authorization to apply sunscreen on premises to your child's exposed skin prior to outdoor play.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to New Horizons.

Check one of the following choices:

I/We GRANT New Horizons' teachers with authorization to apply sunscreen on premises to your child's exposed skin prior to outdoor play.

I/We DO NOT GRANT New Horizons' teachers with authorization to apply sunscreen on premises to your child's exposed skin prior to outdoor play.

Student's Name: (please print) _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

Date: _____



Pledges

New Horizons is committed to maintaining a student body of children from diverse racial, cultural, and economic backgrounds. Since its inception, 50% of New Horizon's students have come from economically disadvantaged homes. This has been made possible through fundraising activities and through grants written by New Horizon's families and teachers.

However, New Horizons needs to improve its financial security. The school wants to continue to make tuition affordable to middle income families and reduce tuition as necessary, while avoiding financial crisis if tuition payments are missed, or a major piece of equipment breaks down.

After considering several methods, the Board of Directors has decided to pursue a pledge system, where families would pledge an additional tax-deductible sum, either a one-time or monthly contribution.

Please help if you can. New Horizons is based on principles which are increasingly important to this country, and the school needs your help.

Contribution Pledge Form

I hereby agree to make a tax-deductible contribution to New Horizons Cooperative Preschool as shown below:

\$_____ per month beginning_____(month/year) and ending_____(month/year).

OR

\$_____ as a one-time contribution, no later than _____ (month/year).

Please put this form in the membership or tuition folders on the school bulletin board.



Classes, Tuition and Policies



Monday-Wednesday- Friday Mornings

8:30– 11:50am - Please be prompt when picking up your child.

Ages 2 yrs. 9 months through five years

Parents volunteer in the classroom once every three weeks

Tuition - \$400 per month

Tuesday-Thursday Mornings

8:30 – 11:45 am – Please be prompt when picking up your child.

Ages 2 yrs. 9 months through five years

Parents volunteer in the classroom once every four weeks.

Tuition: \$270 month

Monday -Friday Afternoons

1pm– 3:45pm– Please be prompt when picking up your child.

Pre-kindergarten class of 16 children, ages 4 and 5

Parents volunteer in the classroom or on field trips 1-2 times per month

Field trips are taken almost every week, on outings like the pottery studio, creative movement, science at the planetarium, etc.

Tuition: \$670 per month

Extended Hours (Optional)

- Each extended day = 4.5 hours total
 - Morning students: Regular session 8:30–11:30 am, with the option to stay until 1:00 pm
 - Afternoon students: Arrive at 11:30 am, regular session 12:45–3:45 pm, option to stay until 4:00 pm
- Families can choose 2, 3, 4, or 5 days per week
- School Year Commitment
- Billed monthly at \$15/day: 5 days = \$300/month; 4 days = \$240/month; 3 days = \$180/month; 2 days = \$120/month; There is no sliding scale for extended hours

Withdrawal Policy

In order for New Horizons to meet its financial obligations, parents are requested to give a 30-day notice before withdrawing a child. Parents are responsible to pay the tuition for the 30 days following given notice.

Tuition Assistance

In accordance with our founding principle that children of all socio-economic backgrounds attend the preschool, New Horizons offers a tuition assistance program to families who can pay less than full tuition. Reduced and full tuition families are equal partners in the school. The resulting feeling of cooperation and understanding is a natural benefit to our children. If you need tuition assistance, please see the sliding scale and the Income verification policy.



Classes, Tuition and Policies



Tuition Policy

- **Tuition is due by the first day of each month**, with a grace period to the 10th of each month. The first payment is due September 1. Payments may be left in the treasurer's basket, hanging on the wall in the school. If you cannot make the payment by the 10th, please tell a teacher. If we do not receive your payment by the 15th and we do not hear from you, the treasurer will give a reminder call or notice to resolve the delinquency before the end of the month.
- Families with unpaid tuition at the end of the school year in May will not be eligible to enroll for any subsequent summer or fall session until the debt is clear.

Income Verification Policy

To determine eligibility for the sliding-scale tuition rates, households must verify total gross annual income. Acceptable forms of documentation include any one of the following:

- Most recent pay stub(s) showing year-to-date earnings for all working household members
- Most recent federal tax return (Form 1040 or equivalent)
- Current participation verification in one of the following programs:
 - Medicaid
 - SNAP (Supplemental Nutrition Assistance Program)
 - WIC (Women, Infants, and Children)
 - CHP+ (Children's Health Plan Plus)

Households participating in Medicaid will be automatically classified at the 0-30% AMI bracket for purposes of tuition determination, unless additional documentation indicates otherwise.

Households participating in SNAP, WIC, or CHP+ will be automatically classified at the 30 - 50% AMI bracket for purposes of tuition determination, unless additional documentation indicates otherwise.

All documentation must reflect the household's current income situation and include income for all adults contributing to household support.



2026/27 Tuition Sliding Scale



Household Size	Income Range (Annual)	M-F Tuition	MWF Tuition	T-Th Tuition	Summer 2 days - 6 weeks	Summer 4 days - 6 weeks
2	\$0 – \$36,200	\$50	\$30	\$20	\$200	\$400
2	\$36,200 – \$60,250	\$200	\$130	\$90	\$200	\$400
2	\$60,250 – \$83,400	\$440	\$270	\$180	\$400	\$800
2	\$83,400+	\$670	\$400	\$270	\$400	\$800
3	\$0 – \$40,700	\$50	\$30	\$20	\$200	\$400
3	\$40,700 – \$67,800	\$200	\$130	\$90	\$200	\$400
3	\$67,800 – \$93,800	\$440	\$270	\$180	\$400	\$800
3	\$93,800+	\$670	\$400	\$270	\$400	\$800
4	\$0 – \$45,200	\$50	\$30	\$20	\$200	\$400
4	\$45,200 – \$75,300	\$200	\$130	\$90	\$200	\$400
4	\$75,300 – \$104,200	\$440	\$270	\$180	\$400	\$800
4	\$104,200+	\$670	\$400	\$270	\$400	\$800
5	\$0 – \$48,850	\$50	\$30	\$20	\$200	\$400
5	\$48,850 – \$81,350	\$200	\$130	\$90	\$200	\$400
5	\$81,350 – \$112,550	\$440	\$270	\$180	\$400	\$800
5	\$112,550+	\$670	\$400	\$270	\$400	\$800
6	\$0 – \$52,450	\$50	\$30	\$20	\$200	\$400
6	\$52,450 – \$87,350	\$200	\$130	\$90	\$200	\$400
6	\$87,350 – \$120,900	\$440	\$270	\$180	\$400	\$800
6	\$120,900+	\$670	\$400	\$270	\$400	\$800
7	\$0 – \$56,050	\$50	\$30	\$20	\$200	\$400
7	\$56,050 – \$93,400	\$200	\$130	\$90	\$200	\$400
7	\$93,400 – \$129,250	\$440	\$270	\$180	\$400	\$800
7	\$129,250+	\$670	\$400	\$270	\$400	\$800
8	\$0 – \$59,700	\$50	\$30	\$20	\$200	\$400
8	\$59,700 – \$99,400	\$200	\$130	\$90	\$200	\$400
8	\$99,400 – \$137,550	\$440	\$270	\$180	\$400	\$800
8	\$137,550+	\$670	\$400	\$270	\$400	\$800

See Income Verification Policy on previous page

UPK + CCAP



Universal Preschool (UPK)

New Horizons has two class options that align with UPK. To enroll, you must submit an application through UPK Colorado. If you are a current family, please be sure to check that box during the process.

4 year olds can register through the UPK system, and we have tuition assistance for 3 year olds who are eligible for UPK. View New Horizon's UPK profile page: <https://upk.colorado.gov/providers/bf4e1af9-c481-4673-bc30-3551598b7754>

Half-Time Classes eligible for UPK:

Monday - Friday Mornings
8:30 - 11:50 am

Monday - Friday Afternoons
12:45 pm – 3:45 pm UPK
Half-Time

Please reach out if you have any questions!

CCAP

New Horizons is a CCAP Provider.

WHO IS ELIGIBLE?

Boulder County children ages 0 months to 12 years who live with:

- An adult or teen caretaker/parent that is in an eligible activity:
- Employed/ self-employed -
Job Searching (thirteen weeks) -
Post-Secondary Educational Activities (104 weeks and up to first Bachelor's degree)
- Educational Activities (teen parents in JR or SR High School, GED classes, ESL, and Adult Basic Ed/
Vocational Training)
- Families receiving Colorado Works/TANF and referred by their Case Manager

Please see more eligibility details and how to apply on this page: <https://bouldercounty.gov/families/financial/child-care-assistance-program/> - and connect with our teachers during your August home visit.



About New Horizons



New Horizons Preschool was formed following the assassination of Martin Luther King, Jr., to provide an atmosphere where children from different racial, cultural, economic and linguistic backgrounds can learn, plan, and grow together. This diversity is part of what makes the experience at New Horizons unique.

Teaching Technique

New Horizons is a child-centered school where each child is given time to explore his/her own interests. The environment is rich and varied, giving the child a chance to create, discover and learn in an individual manner. The staff reacts to and builds on what comes from each child, choosing equipment and materials accordingly, so that they can be used in many open-ended ways.

Teachers make special efforts to respond to each child's needs so s/he gains confidence in her/himself and her/his ability to learn and perform. The classroom is designed to further this sense of competency and self worth by providing many chances for successful encounter between the child and the environment. Children are encouraged to become independent and self-directed.

Our teachers also try to create a love of learning within each child. The staff uses stories, including ones the children invent, as whole language experiences. We help to develop the children's language skills by talking with them about things they are doing, thinking and feeling. Daily activities involve the motor skills, such as eye-hand coordination, that are required for reading. Basic concepts of equality, size, quantity and time are introduced as they come up in the child's play.

Teachers stress social development, helping children learn how to get along with their peers. When a conflict arises, the teachers try to get at the root of the problem, and provide concrete and positive guidance. This includes guiding children to talk directly to the person with whom they are experiencing conflict, and expressing their needs and feelings. This approach encourages children to learn to resolve their own conflicts.

Two Languages

We have a language rich environment. Our goal is to support each child in his/her first language, while helping him/her become familiar with a second language. You will hear Spanish and English being spoken throughout the day, moving from one to the other. Conversations happen in both languages. Instructions and group times are given in both languages, side-by-side. Vocabulary for activities is learned in both languages.

We offer story times in four different ways: some days we all listen to a story together in English, other days in Spanish. Some days we have two separate stories, one in English and one in Spanish. This allows us to listen and learn more simple stories in both languages, becoming familiar with a new language as well as our first language. The separation allows us to engage in more complicated literature enjoyed in a child's first language.



About New Horizons



Environment

New Horizons is located in a green, tree-filled neighborhood in North Boulder. Outside, New Horizons has a large and private play area with paved tricycle paths, a log climbing structure and swings, a large sand play area, and lots of room to explore. When it's warm children can paint, play with water, garden, and feed the chickens.

Inside, New Horizons has separate rooms for dramatic play, art and sensory play, and a large room for blocks, puzzles, games, a library, musical instruments, and a kitchen where teachers and children prepare snack. Each child has a private cubbie to keep outdoor clothes and personal belongings.

Students with Special Needs

New Horizons welcomes children with special needs.

Snack

Each day includes a healthy vegetarian snack. Please let us know if your child has any dietary needs, and we will accommodate!

Our teachers are excited to talk with you to learn about your child, their interests and needs! We will conduct a home visit in August and 2 parent-teacher meetings throughout the year. Throughout the year, if you have a question or concern, please let us know!



Parent Participation



As a cooperative, New Horizons is administered and run by parents. This is a place where commitment and effort really count. The success of our cooperative really rests with each individual's willingness to engage, and fulfill their responsibilities. Co-oping responsibilities include:

- Helping in the classroom on a regular basis (1-2 times a month)
- Filling one of the already defined volunteer jobs (such as coordinating fundraising, serving on the board, organizing the classroom calendar of volunteers, etc.). You don't need experience, only dedication to the job.
- Participating in three annual clean-ups – parents deep clean, inside and outside. Each family is required to donate 2 hours of their time for each clean-up to this collective effort.
- Participating in fundraisers and events
- Attending two of the monthly board meetings, where parents discuss policies, allocation of resources, community building, etc. The school is run by the board of directors, made up of parents and teachers (who are non-voting members).

Co-oping in the Classroom

Co-oping is one of the ways that New Horizons is unique - parents see first-hand what their child is learning and how their child relates to and plays with classmates. Your contribution is an enrichment to your children, their classmates, the teachers, and the other parents.

Here are some tips compiled to help you feel more comfortable in the classroom:

- Be prompt, relax, and be yourself.
- Stay in the area where the children are playing.
- When in doubt, talk with the teachers to ask for help or to exchange ideas.
- Keep focused on what the children are doing.
- Let the children do as much as they can for themselves.
- Be an active listener.
- Physically, try to remain on the same level as the children (sit if they are sitting).
- Share jobs on the cleaning list with your fellow co-oper at the end of the class. Instructions for cleaning to prepare for the next class is on the wall between the big room and the art room.
- Co-oping is fun! Enjoy yourself and play with the children. These few hours a month are such a precious time to be able to interact with your child, their friends and teachers.