

ANNANDALE



PRESCHOOL

PARENT CO-OP DECLARATION FORM

Please complete **ONLY** one section, **NOT BOTH**.

SECTION ONE-Complete this section if a parent/legal guardian in your child’s family will not be qualified to co-op during the 2018-2019 school year.

I, _____, parent/legal guardian of _____
(printed name) (child’s name)

in the _____ class at Annandale Cooperative Preschool, state that I will not be
(class name, e.g., MWF 3’s)

classified as a qualified co-op parent for the 2018-2019 school year. This means that I will **not**:

- co-op in my child’s classroom
- chaperone on field trips
- school aide

If I decide to become a qualified co-op parent at any time during the 2018-2019 school year, I acknowledge that I must:

- have a current tuberculosis screening
- attend qualified parent training (for classroom co-oping only)
- submit current background checks, as required by state regulations
- meet any other requirements of a qualified co-op parent

Signature

Date

SECTION TWO-Complete this section if ALL parents/legal guardians will be qualified to co-op during the 2018-2019 school year.

Child’s Name _____

Child’s Class _____

This form is not applicable to my family.

Signature

Date