



**Madison Park  
Cooperative  
Preschool**

At the Madison Park Bathhouse . 1900 43<sup>rd</sup> Avenue East, Seattle, WA 98112 . (206) 324-7846

**MADISON PARK CO-OP PRESCHOOL: PARENT AGREEMENT**

MPCP functions most effectively when it receives full participation and support from all of its members- the Co-op is only as good as every parent makes it! Following is a summary of the Co-op’s requirements regarding parent and/or alternate caregiver participation and responsibilities. Please understand that your participation in the Co-op affects your eligibility for membership this year and in successive years. Please check each box to indicate that you accept these responsibilities. Thank you and welcome to the Madison Park Co-op!

<ul style="list-style-type: none"> <li><input type="checkbox"/> Attend the September all-school orientation meeting and the April all-school meeting.</li> <li><input type="checkbox"/> Read the handbook and other distributed materials.</li> <li><input type="checkbox"/> Attend regular parent meetings.</li> <li><input type="checkbox"/> Participate in the classroom as a scheduled “Teacher Assistant.” (Attend classes on your scheduled workdays, assist with classroom cleanup and prepare and supply snack as scheduled.) Arrange for a substitute when you are unable to work. Contact the teacher or class rep whenever your absence is unavoidable.</li> <li><input type="checkbox"/> Be prompt when arriving at and departing from classes and meetings.</li> <li><input type="checkbox"/> Follow the illness guidelines in MPCP’s handbook and send your child to school only if well enough to play outdoors.</li> <li><input type="checkbox"/> Make other arrangements for siblings, as insurance covers only those children enrolled at the Co-op. Exceptions are allowed for infants. Please adhere to the MPCP Infant Policy if applicable.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Have a safe car with doors that lock, a valid driver’s license and adequate insurance when transporting your child and other children to and from school. Seat belts are required along with child safety seats for children under eight. Vehicle owners and field trip drivers must sign the Voluntary Driver Vehicle Notice Form.</li> <li><input type="checkbox"/> Complete one parent job or serve as an officer on the MPCP Board.</li> <li><input type="checkbox"/> Participate in MPCP’s annual fundraising activities.</li> <li><input type="checkbox"/> Participate in the co-op evaluation (survey) process.</li> <li><input type="checkbox"/> Adhere to the MPCP Alternate Caregiver Policy if applicable.</li> <li><input type="checkbox"/> Pay monthly tuition promptly whether or not your child is able to attend classes.</li> <li><input type="checkbox"/> Mail or email written notification of withdrawal to the Registrar if withdrawing from the Co-op. (Members are obligated to pay the following month’s tuition after giving notice of withdrawal.)</li> </ul>
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**ALL OF THE ABOVE ITEMS ARE MEMBERSHIP REQUIREMENTS.**

If you are unable to satisfy the above requirements, MPCP asks that you make your spot available to another family. By signing this agreement, you agree to adhere to the following duties and responsibilities in order to remain a member in good standing.

As a student and parent participant of the Madison Park Co-op Preschool (“MPCP”), I understand that it is my responsibility to alert the necessary school officials should my child have any allergies, food restrictions or medical conditions. I understand that the MPCP will attempt to take precautions necessary to prevent the exposure of foods or conditions that may be harmful to my child or to other children participants at MPCP, but that MPCP is not responsible for and does not guarantee that my child will not be exposed to certain foods or conditions that may trigger my child’s allergies or medical conditions. I, therefore, release and hold harmless MPCP, all of its officers, directors and agents from any and all liability for any loss, damage, injury or expense related to allergies or preexisting medical conditions that I or my child may suffer as a result of our exposure to foods or conditions at MPCP. I understand that this agreement cannot be modified except in writing by MPCP, and that no oral modification or interpretation shall be valid.

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Child’s Name \_\_\_\_\_ Class \_\_\_\_\_

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Parent Signature (and alternate caregiver signature if applicable, e.g. grandparent, nanny...)