**CHILDREN’S CORNER COOPERATIVE NURSERY SCHOOL**

**CLASSROOM PARTICIPATION REQUEST FORM**

**Please complete a form for EVERY CHILD. THANK YOU!**

Please complete this form and return it to CCCNS by August 1st. You may place it in the membership folder by the office or mail it to CCCNS, PO Box 1399, Bloomington, IN 47402. Every effort will be made to accommodate your scheduling requests. You will receive a copy of the participation schedule once it is complete, along with lists of paid substitutes and babysitting exchangers. If you have a conflict with your scheduled days after the schedule is completed, please work out a trade with another parent in your child’s class or obtain a paid substitute\*. Please describe any special requests on the back of this form. Questions? Email cccnsparticipation@gmail.com.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participation Level (circle): FULL or PARTIAL

Child attends school (circle): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

If you would like to help in class on or around your child’s birthday, please list the date you would like to celebrate with them in class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days you CANNOT participate (Mark out with an X): MON TUES WED THUR FRI

Sibling in another CCCNS class? YES or NO Sibling’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling’s Teacher and Days in class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M T W TH F

Would you like to be a paid participator\*? YES or NO If so, on which days? M T W TH F

Interested in exchanging babysitting on your participation days\*\*? YES or NO

 \*a paid substitute is a substitute participator for a fee. Frequently this occurs with short notice and may not always be in your child’s class. You are not obligated to accept all requests. \*\*exchanging babysitting is when 2 parents agree to babysit for each other’s children on the days that they participate. A list is made available with the schedule and arrangements are made by interested parties.