

School Year _____

Edgewood Preschool Cooperative



Edgewood Preschool Cooperative

Student last name _____

Koala Enrollment Contract

4040 E. Thompson Road

Parent last name _____

Indianapolis, IN 46237

Koala Participation Responsibilities

***Please initial by each box after reading.**

1. **I will provide all required paperwork**, including my child’s current immunization records on or before the Member Preview in August. I understand that if all required paperwork is not completed and turned in by the first day of class, my child cannot begin class.
2. **I will provide a Background check for any members who will participate in the classroom more than three times a school year.** I understand my background check needs to be on file before the first day of school.
3. **I will provide results of a TB Skin Test for the family member(s) who will participate in the classroom.** I understand this verification needs to be on file before the first day of class.
4. **I agree to complete Classroom Participation Training (CPT) in the fall.** This is a six hour training, held in two sessions. Completion of a previous CPT program shall fulfill this requirement unless there is a gap of more than 5 years between child enrollments. Failure to complete this training may be cause for dismissal.
5. **I agree to attend EPC Parent Orientation (prior to the start of school) AND the Mid-Year Parent Education Meeting (in January).** Babysitting will be available during these times. **A family representative must be present at both meetings. If no family representative attends, you will be charged a \$50 fine/ meeting.**
6. **I will participate in the classroom (typically) a minimum of 2 times per month** as required. If I am unable to participate, I will arrange for my substitute. I understand the policy for missed participation days:
 - 1st Missed Day – written warning from President and/or Director(s), must pick up an extra participation day the following month
 - 2nd Missed Day - written warning from President and/or Director(s), \$10 fine, must pick up an extra participation day the following month
 - 3rd Missed Day - Termination of Membership
7. **I will serve on a committee or the Board to help maintain the school** and attend a minimum of 75% of scheduled meetings
8. **I will help with at least one special event** (Hayride, My Guy and I, Holiday Movie/PJ Night, Spring/Easter Event) held through the school year.
9. **I agree to participate in EPC fundraising activities** to help raise funds to support the preschool and its programs.
10. **I agree to participate in the Edgewood 500 Festival** in May by arranging for at least one volunteer to work the event and obtaining at least one donation for the raffle or silent auction.

If I fail to meet any of the above obligations, I will promptly make arrangements with the President and/or Director(s) to remedy the situation. This may include additional parent education, extra committee duties, or other assignments at their discretion. Failure to meet the above obligations may result in my child being placed on a waiting list for future classes or termination of membership.

Signature _____ Date _____

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Koala Financial Obligations

***Please initial each box after reading.**

1. I agree to pay an one time **Enrollment fee of \$165** unless my family qualifies for a discounted fee. I understand that \$75 of my enrollment fee is non-refundable. **All refunds are determined by the Board of Directors.** This enrollment fee includes a partial payment of tuition for May. The remaining tuition due in May will be \$40.
2. If I have not completed Classroom Participation Training (CPT) or my previous training has lapsed, I agree to pay a **Classroom Participation Training Fee of \$20.00 per participating family.** I understand that I will only need to attend this training one time, unless there is more than a 5 year gap between enrollments.
3. **My tuition is \$80.00 per month.** I will make tuition payments by the 1st of the month (September through May). Multiple Child Discount: First Child pays full tuition amount, and the subsequent children get \$20 off tuition, each month (or SnP session).
4. I understand that I will be assessed an additional fee of **\$10.00** if tuition is not paid by the **5th of the month** and I agree to pay any such assessed fee.
5. I understand and agree that if I do not make my tuition payment by the 10th of the month for which payment is due, the enrolled child may not return to class until overdue payment and any assessed fee is paid in full. However, the enrolled child may remain in class if a written agreement for a payment plan is made between me and the EPC Treasurer and if I remain current and in compliance with that payment plan.
6. **I understand that an additional \$25.00 fee will be charged each time a check is returned due to insufficient funds or a closed account and I agree to pay any such charged fee.**

If I fail to meet any of the above obligations, I will promptly make arrangements with the President and/or Director(s) to remedy the situation. This may include additional parent education, extra committee duties, or other assignments at their discretion. Failure to meet the above obligations may result in my child being placed on a waiting list for future classes or termination of membership.

Behavior by students and/or parents/guardians deemed, at the sole discretion of the Board, to be inappropriate, detrimental to the health and safety of EPC students, or otherwise unacceptable may result in termination of Membership or other sanctions at the sole election of the Board. Examples of such behavior include, but are not limited to: Acts of violence, including assault and battery; harassment of or threats against children, members, staff, or other persons; possession of illegal substance or firearms; verbal or physical abuse of any child, talking harshly or inappropriately to any child; profanity, discussing inappropriate topics in front of children; Indecent exposure; being under the influence of alcohol or an illegal substance. Statements of specific grounds for termination of membership or other sanctions in this Agreement or in any other rule, policy, by-law, or other statement of EPC are not all-inclusive lists and are not intended to restrict EPC's right to terminate membership or impose other sanctions at the sole discretion of EPC's president, director, and/or Board.

Signature _____ Date _____

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Parent last name _____



Edgewood Preschool Cooperative
4040 E. Thompson Road
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Edgewood Preschool Cooperative
CHILD and FAMILY INFORMATION

Child's Name _____ He/She likes to be called... _____ Birth Date _____

Parent #1 Name _____ Occupation _____ Best time to reach _____

Parent #2 Name _____ Occupation _____ Best time to reach _____

Name and Ages of Brothers _____ Name and Ages of Sisters _____ Name and Types of Pets _____

Print your child's name as you would like it to be on his/her nametag (this will be the name he/she will learn to read and write): _____

Has your child ever been in a play group or other school situation? Please describe. _____

Does your child have any special needs (i.e. physical, developmental, learning, emotional, speech & language, etc.) the program should be aware of? _____

Bedtime _____ Get up at _____ Nap time/length _____ Is your child toilet-trained? _____
Is your child right handed or left handed? _____

Please circle all that apply

Does your child...

cry easily	have temper tantrums	have a short attention span	follow directions
prefer to play alone	play with other children	enjoy books	speaks limited English
speaks another language	cut	use crayons/markers	write his/her name
have any fears	Explain: _____		

“Play” Information:

Types of play activities your child enjoys: _____

Favorite toys: _____

Frequency of play with children other than siblings (please give ages of playmates): _____

Favorite TV shows: _____

Things you like to do as a family _____

Do you read to your child? _____

How often (please circle)? Daily Weekly Rarely

Medical Information:

Has your child had any serious illness, operations, hospital experiences, or medical conditions? _____

Does your child take any medications? _____

Does your child have any allergies? _____

Has your child had the chicken pox? _____

Are there any foods you do not want your child to eat? _____

Are there any other medical problems the teacher should be aware of in your child? _____

Describe how your child reacts when something frustrates or disappoints him or her. _____

Are there areas where you think the teacher could give guidance or support to your child? _____

What do you want your child to gain from his/her experience? _____

Please write any other information on the back of this paper you think would be helpful for the teacher in understanding and working with your child.

THANKS!!!!

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RELEASE AND WAIVER OF LIABILITY

In consideration of membership with Edgewood Preschool Cooperative, Inc. (“EPC”) and being allowed to participate, now and in the future, in any and all EPC related programs, activities, and events, the undersigned hereby expressly agrees as follows:

I agree that I have voluntarily elected to become a member of EPC and I consent to the participation by my child in any and all EPC related programs, activities, and events. I agree, understand, and acknowledge that participation in EPC programs and activities by me and/or my child involves physical activity and inherent risk, which may or may not be obvious, of property damage, personal injury, and death. I assume all risk of property damage, personal injury, and death associated with and/or related to participation by me and/or my child in any and all EPC related programs, activities, and/or events.

I, on behalf of myself and my child, agree to waive, release, indemnify, hold harmless, and forever discharge any and all claims, demands, damages, lawsuits, liabilities, and related causes of action of every kind and nature, which I and/or my child have or may have in the future, against EPC, its officers, members, volunteers, directors, employees, or agents for injury, loss, death, costs or other damages to me or my child or our property arising from or otherwise related to participation in EPC programs or activities, whether such claim, demand, suit, or cause of action be a contract claim, negligence or other tort claim, or claim for insurance coverage.

I agree that this release and waiver is binding upon the undersigned and his/her respective spouse, children, heirs, next of kin, executors, administrators, representatives, successors and assigns. This release and waiver shall be subject to the laws of the State of Indiana. The provisions of this release and waiver will remain in full force and effect even after termination of membership or cessation of participation in EPC programs, activities, and/or events.

I agree that EPC does not assume any responsibility for or obligation to provide me and/or my child with insurance coverage, directly or indirectly. EPC is currently insured for some losses which may include injury or loss sustained by its members or participants in its programs, activities, and events, under certain circumstances. However, EPC does not provide individual insurance for its members or participants and does not guarantee that EPC will continue to carry its insurance. Questions regarding claims and coverage under EPC’s insurance should be directed to EPC’s Director(s) or President(s). Validity of all claims is determined by the insurance company, not EPC.

I AGREE AND UNDERSTAND THAT BY MAKING AND SIGNING THIS RELEASE AND WAIVER OF LIABILITY THAT I SURRENDER VALUABLE LEGAL RIGHTS. I UNDERSTAND THE CONTENTS OF THIS RELEASE AND WAIVER OF LIABILITY AND AGREE TO BE BOUND BY IT VOLUNTARILY AND WILLINGLY.

Date

Parent/Guardian 1

Parent/Guardian 2

Name of child(ren): _____

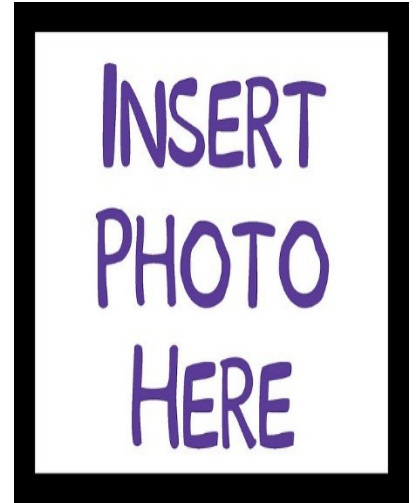
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Student last name _____ Parent last name _____ School Year _____

Edgewood Preschool Cooperative

Emergency Consent Form

In the event of an emergency requiring medical attention to my child, EPC will attempt to contact me immediately. If emergency medical treatment is necessary, I authorize EPC to administer CPR and First Aid. In the event that I cannot be reached or where delay may endanger my child, I also authorize EPC to summon professional emergency personnel to attend and treat my child and to transport my child to the nearest hospital emergency room. I consent to treatment by a licensed physician or surgeon, consent to x-ray exam, anesthetic, medical diagnosis and treatment, hospital care, the administration of drugs or medication, and/or any other necessary emergency medical treatment until I am able to communicate with health care providers. I agree to pay all costs and expenses associated with medical treatment and transportation secured through this authorization.



Signature: _____ **Date:** _____

Student's Name: _____

Weight: _____ Height: _____

Racial/ Ethnic Background _____

Chronic Illnesses: _____

Allergies: _____

Current Medications: _____

Other Health Information: _____

Physician Name and Number: _____

Dentist Name and Number: _____

Health Insurance Company: _____

Hospital Preference: _____

Home address of parent/guardian: _____

Home Phone Number: _____ Cell Phone Number: _____

1st Emergency Contact: _____ Phone Number: _____

Additional Emergency Contact: _____ Phone Number: _____

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Edgewood Preschool Cooperative

4040 E. Thompson Road

Indianapolis, IN 46237

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EPC Discipline Policy

We believe each child is unique and should be allowed to develop at his or her own pace. Our priority is to provide a safe, nurturing environment where children are challenged and allowed to grow at their individual rates. Conflicts may arise when children interact in a classroom setting. We will take every opportunity to teach each child ways to solve their differences in a PEACEFUL manner. We will praise and recognize positive behavior, while discouraging & constructively addressing negative behaviors. We believe discipline is not about punishment, but rather about teaching appropriate forms of behavior.

These are the steps which will be followed:

1. REDIRECTION: Positive methods will be used to redirect a child's unwanted behavior into more acceptable modes of interacting with their peers.
2. CONFLICT RESOLUTION: This is a technique used by our teachers to help our young students learn the skills to resolve conflicts independently. The techniques teach the children good self-concepts, while helping them grow in social awareness, acquire communication skills and develop respect and empathy for others.
3. SEPARATING a child from the group for a short period of time. (Parents will be contacted at this time.)
4. ONGOING UNWANTED BEHAVIOR: If the unwanted behavior continues to be an ongoing experience week to week for more than 2 weeks, the teacher will have a conference with the parents. The teacher may ask the Director and/or President to join this conference. If the unwanted behavior is a safety threat to other students in the class, the parent will be asked to stay in the classroom to assist in redirecting their child's behavior. If the unwanted behavior is merely a disturbance, the parent may be asked to stay in the classroom and/or to work on positive reinforcement at home. The teacher will consult with the parents on an ongoing basis about the child's progress.
5. PARENT CASE CONFERENCE: After the above steps have been taken and no more than 1 month has passed since the initial conference (#4), an EPC Parent Case Conference will take place with the parents, teacher, Director and President. A formal process to improve behavior will be documented and implemented. If the unwanted behavior is a grave concern and/or it is still a safety threat to the other children, then the parents may be asked to withdraw their child from the preschool. Any pre-paid tuition due to the parents will be returned to them within two weeks from the date of withdrawal.

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I, _____, have read the EPC Discipline Policy and agree to abide by the rules and
(print name)

procedures stated therein.

Signature _____

Date _____

School Year _____

Student last name _____

Parent last name _____



Edgewood Preschool Cooperative
4040 E. Thompson Road
Indianapolis, IN 46237

ICPC Child Protection Policy

Definitions:

(For the purpose of this statement only):

**Child abuse* means any form of intentional or negligent infliction of injury to the detriment of a child's physical or mental well being

**Sexual misconduct/abuse* means any form of sexual conduct that is unlawful

**Cooperative members* means any member as defined in the bylaws or standing rules or agent of any member

**Teacher* means any person employed by the cooperative

**Cooperative* means ICPC member cooperative preschools

Statement of Purpose

Each ICPC member preschool has numerous daily contacts with children. It is, therefore, important that all cooperative members, but especially teachers and participating parents who are responsible for the care of children, protect the rights and dignity of children and be alert to incidents of child abuse. Cooperative members who know of or suspect any incident of child abuse must comply with all applicable reporting or other requirements of state and local laws.

The cooperative takes immediate and decisive action on all accusations of child abuse or sexual misconduct in accordance with the applicable provisions of law.

Policies:

- A. In cases involving allegations of child abuse or sexual misconduct by cooperative members, it is the policy of the cooperative to:
 1. Respond promptly to all allegations of abuse where there is reason to believe such abuse has occurred
 2. If such allegations are supported by sufficient evidence, relieve the alleged offender promptly of any duties
 3. Comply with the requirements of the law as regards reporting of the incident and cooperating with the investigation.
- B. Child abuse under the law includes the following:
 1. Failure to provide a child with necessary food, shelter or medical care so as to cause physical or mental condition to be seriously impaired
 2. Causing physical injury
 3. Sexual abuse of a child
 4. Allowing a child to endanger her or his own health or the health of another.
- C. This reporting law applies to all persons without exception.
- D. Even if there is no evidence legally admissible in court, one must nevertheless make a report if there is reason to believe that abuse has occurred. "Reason to believe" means evidence that, if presented to individuals of similar background and training, would cause those individuals to believe that the child was abused or neglected.
- E. One is not bound to report unreliable rumors or alleged abuse with "no reason to believe." In case of doubt, one should dialogue with the immediate supervisor or the local child protection service using a hypothetical situation. If one is advised to report, it should be done.
- F. The reporting person is given legal immunity for making the report.

Procedures:

- A. Mandate to report under Indiana State Law: Indiana law requires that when a child is a victim of child abuse or neglect it must be reported immediately to:
 1. The local child protection service
 2. A local law enforcement agency
- B. Any individual who has reason to believe that abuse has occurred shall immediately notify one of the teachers or the President of the Cooperative.
- C. Any individual who has reason to believe that a child has been subject to child abuse by any teacher must immediately make a report, by telephone or other means, to the President of the cooperative.
- D. Upon notification, the teacher and/or President of the cooperative is then bound to report the incident or suspicion of an incident to the proper authorities. However, multiple reports are not necessary.
- E. The teacher and/or the President shall inform the Executive Board of the report.
- F. A report to the teacher and/or President does not relieve the individual from reporting child abuse as required by Indiana law.
- G. Teachers and the President must familiarize themselves with the telephone numbers and procedures of the local child protection service. These should be obtained and kept on file.

Weapons Policy:

ICPC prohibits the possession, use, or exchange of any weapon in any school building, on school grounds, at any school sponsored event, and on school sanctioned transportation except as the possession and use of a weapon is authorized by law and required in the performance of the possessor's duty.

For the purpose of this policy, "weapon" means anything readily capable of lethal use or of inflicting serious bodily injury. "Weapon" includes, but is not limited to, all firearms, knives, dangerous instruments intended to inflict harm, components that can be readily assembled into a weapon, explosive devices, and imitation firearms. For the purposes of this policy "firearm" means those items enumerated in N.J.S.A. 2C:39-1f and 18 U.S.C. 921.

NJSA 2C:39-1f states: f. "Firearm" means any handgun, rifle, shotgun, machine gun, automatic or semi-automatic rifle, or any gun, device or instrument in the nature of a weapon from which may be fired or ejected any solid projectable ball, slug, pellet, missile or bullet, or any gas, vapor or other noxious thing, by means of a cartridge or shell or by the action of an explosive or the igniting of flammable or explosive substances. It shall also include, without limitation, any firearm which is in the nature of an air gun, spring gun or pistol or other weapon of a similar nature in which the propelling force is a spring, elastic band, carbon dioxide, compressed or other gas or vapor, air or compressed air, or is ignited by compressed air, and ejecting a bullet or missile smaller than three-eighths of an inch in diameter, with sufficient force to injure a person.

18 USC 921 can be found here: <http://codes.lp.findlaw.com/uscode/18/1/44/921>

**INDIANA COUNCIL OF PRESCHOOL COOPERATIVES
CHILD PROTECTION POLICY ACKNOWLEDGEMENT**

I, _____, have read the ICPC Child Protection Policy and
(print name)
agree to abide by the rules and procedures stated therein.

Name of school _____

Signature _____ Date _____

School Year _____

Student last name _____

Parent last name _____



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USE OF SOCIAL MEDIA and PHOTOGRAPHS GUIDELINES and POLICIES

Use of Facebook, Twitter, LinkedIn, YouTube, blogging and various other social media vehicles is commonplace. This policy is intended to provide Edgewood Preschool Cooperative families with guidelines to eliminate any confusion concerning the use of any photographs and/or social media.

1. You **DO NOT** have permission to reveal any information that compromises Edgewood Preschool Cooperative. Sharing personal information about the teachers, director, students or families, or anything that is proprietary and/or confidential to them or Edgewood Preschool Cooperative is forbidden.
2. While using any EPC maintained social media site (EPC Facebook page, etc.), **DO NOT** tag or reference by name other people in photos, videos, etc.
3. You **DO NOT** have permission to post a Live Feed during any EPC classes, Special Events, etc.
4. EPC family members should **neither** claim nor imply that they are speaking on behalf of Edgewood Preschool Cooperative.
5. **Never** post anything that could compromise the self-esteem of students or families who attend/are members of Edgewood Preschool Cooperative.
6. Respect the law, including those laws governing defamation, discrimination, harassment, and copyright and fair use. EPC members should **never** post negative comments about other preschools or teachers. Also, please **do not** post negative comments about school activities such as special events, fundraising events, etc.
7. Photographs are occasionally used for EPC displays, photo albums, fundraising request letters, thank you notes, etc. Names will not be used to identify photographs.

I am the parent/guardian of : _____ Class : _____

I hereby acknowledge that I have read and understand the Use of Social Media and Photographs Guidelines and Policies and agree to abide by these terms.

_____ Please do not include my child in photographs to be used for EPC purposes.

Signature : _____ Date : _____

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STUDENT HEALTH RECORD

Edgewood Preschool Cooperative

Child's Name _____ Birth Date ____/____/____
(Last) (First) (MI)

Street Address _____ City _____ ZIP _____

Child Lives With _____ Name _____ Phone _____
(Relationship)

MEDICAL HISTORY

Communicable Disease	Month/Year	Condition	Explain if Present
Measles	_____	Allergies : _____	_____
Rubella (German Measles)	_____	_____	_____
Chickenpox (Varicella)	_____	Handicapping Conditions:	_____
Mumps	_____	_____	_____
Scarlet Fever	_____	_____	_____
Whooping Cough	_____	Other: _____	_____
Other _____	_____		

PHYSICAL EXAMINATION

Date of Exam _____

Age of Child _____

Skin _____	Heart _____
Lymph Nodes _____	Lungs _____
Eyes _____	Abdomen _____
Ears _____	Genitalia _____
Nasopharynx _____	Skeleton _____
Teeth and mouth _____	Other _____

Note any unusual findings: _____

Does this child have any health conditions that would be hazardous either to him/herself or to other children in a group setting as a result of participation in normal activities (including sports)? No ____ Yes ____ If yes, what modification of normal activities would be necessary to protect the child and his/her classmates? _____

Have you prescribed any medications or special routines that should be incorporated into the preschool's plans for this child's activities? No ____ Yes ____ If yes, explain: _____

Name of Physician Completing Form: _____ Phone _____
(please print)

Physician's Signature _____

HISTORY OF IMMUNIZATIONS AND TESTS

(Indicate Month/Day/Year)

	1	2	3	4	5
DTaP/DTP/DT/Td					

	1	2	3	4
Polio				

	1	2	3	4
	2	3		
HIB				

	1	2	3
Hepatitis B			

	1	2
Measles		
Mumps		
Rubella		

	1	2	3	4
PCV7 (Prevnar)				

	1
Varicella	

NOTE: To be considered adequately immunized a child 24 months through 59 months of age should have received 4 doses of DTaP/DTP/DT/Td, 3 doses of Polio, 1 dose of Measles Mumps and Rubella (MMR) given after the first birthday and 3 doses of Hib Vaccine. Any child 60 months of age or older should receive a 5th dose of DTaP/DTP/DT/Td, a 4th dose of Polio, a 2nd dose of Measles (usually given as an MMR) and 3 doses of Hepatitis B vaccine.

Name of Physician Completing Form: _____ Phone _____
 (please print)

 Physician's Signature _____

ADDITIONAL NOTES AND INSTRUCTIONS

School Year _____

Student last name _____

Parent last name _____



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TB Testing Form

QUICK FACTS about TB

- TB killed 1.8 million people in 2008.
- More than 8 million people become sick with TB each year.
- Someone dies of TB every 20 seconds.
- There were an estimated 9.4 million new cases of TB in 2008.
- TB kills more youth and adults than any other infectious disease.
- Like the common cold, TB spreads through the air when infectious people cough, spit, talk or sneeze.
- Left untreated, a person with active TB can infect between 10 and 15 people every year.
- TB usually kills a person by gradually eating holes in the lungs.

WHY MUST PARTICIPATING PARENTS GET TB TESTING?

TB kills more youth and adults than any other infectious disease. The reason we do not “hear” about TB in our area is because of PREVENTION...by means of the TB skin test to discover TB exposure in people before symptoms develop.

Because preschool children are more susceptible to get tuberculosis, and because children are most likely to get it from infected adults, it is important for us to require a negative TB test in order to keep our children safe.

The Marion County Health Department requires “each operator and or employee, and each person aiding in the training or the supervision of the children therein, shall present evidence that he or she has within the past year had a negative tuberculin skin test.” Any preschool or child care facility that is licensed by the Marion County Health Department (as EPC is) must follow this requirement.

Because of the nature of coop, where parents are “teachers” when they participate in the classroom, they fall under the same category. This is the reason ICPC (Indiana Council of Preschool Cooperatives) requires all parents to provide proof of a negative TB test.

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Edgewood Preschool Cooperative Participating Members Tuberculosis (TB) Test Form

Date: _____

Parent's Name: _____ Child's Name: _____

The above listed parent member has been tested for tuberculosis and the results was

_____.

Physicians Signature _____

Physicians Name _____

Physicians Address _____