

Family Background

How did you learn about Maple Seeds Preschool Cooperative? _____

Does either parent have experience working with a group of children? Yes No
If yes, which and in what capacity? _____

Does either parent have teaching experience? Yes No
If yes, which parent? _____

Is either parent CPR and First Aid certified? Yes No
If yes, which parent? _____

Have you co-oped before at Maple Seeds Preschool Cooperative or another co-op? Yes No
If yes, which one? _____

Parent's special interests, hobbies, or talents: _____

What do you as a parent hope to gain from this preschool experience? _____

Developmental Information

Has your child attended: daycare _____ home childcare _____ preschool _____
other _____

Is your child potty trained? (*not a requirement for joining MSPC*) Yes No
Age your child first walked: _____

Age your child first talked in short sentences: _____

Does your child have any history of developmental or language delays? Yes No
If yes, please explain: _____

Briefly describe your child's self-help skills (washing own hands, dressing self, zipping coat, etc):

Briefly describe your child's personality:

What are your child's favorite playthings?

Are there any medical problems, hospitalizations, operations, serious illnesses or allergies your child's teacher needs to be aware of?

Any special circumstances? (e.g. fears, illness, family death, divorce)

What do you hope your child gains from this preschool experience?

Parent/Guardian Signature:

Date:

Maple Seeds Preschool Cooperative does not discriminate on the basis of race, religion, national or ethnic origin, or gender in administration of its educational and admissions policies.



MAPLE SEEDS PRESCHOOL COOPERATIVE (MSPC)

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<http://www.mspsindy.com>

Background Check

ACKNOWLEDGEMENT AND RELEASE OF ALL CLAIMS

I wish to volunteer at MSPC (the "Preschool") and understand that the Preschool, in conformance with its policy, will request that the Indiana Council of Preschool Cooperatives perform a criminal background check as a condition of volunteering for the Preschool.

I understand that volunteering is a privilege and that the decision of whether to allow me to participate is completely within the discretion of the Preschool and its designated authorities. In consideration for the opportunity to volunteer for the Preschool, I hereby release for myself, my spouse, my heirs, executives, and assigns, completely release and discharge the Indianapolis Council of Preschool Cooperatives ("ICPC"), the Preschool, their Boards, officers, employees, and agents and their respective heirs, executors, and assigns from any and all claims, rights, demands, actions, obligations, causes of action of any and every kind, nature, and character, known or unknown, that I may have against any of them arising from or in any way connected with my relationship with them relating to the policy or the execution of my background check.

(Signature)

Name(s) (printed): _____

Home Address: _____

* Please complete a separate release form for each person completing background check.