



CHILDREN OF THE WORLD CO-OP, INC.

Phone: 410-377-5900
 Email: cotw@earthlink.net
 www.cotwcoop.org
 P.O. Box 26215
 Baltimore, MD 21210-0115

*The Co-op meets at the Cathedral of the Incarnation at 4
 East University Parkway, Baltimore MD 21218*

REGISTRATION FORM SPRING 2018: Monday, March 5 to Friday, June 1

Parent(s) name(s): _____

Name(s) of child(ren) who will be attending: _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

New Member

Returning Member

If attending with a caregiver, name of caregiver: _____

*Day(s) your child(ren) will be attending: Mondays Tuesdays Wednesdays Thursdays Fridays
 (For example, every Monday, or every Tuesday and Thursday, etc. You may enroll for as many days per week as you wish.)

Membership Rates per Family for the 12 week Spring Session		*Number of days attending each week			
	Total session fee if attending one day each week = \$156	X		= Total Fee	\$
<i>When enclosing your registration fee, please consider including a 100% tax-deductible contribution to help defray the costs of our program and to assist with financial aid for families who cannot afford the full registration fee. (Your employer may have a gift matching program. Please inquire on our behalf! Thank you.)</i>				Additional Contribution	\$
				Total Payment	\$
Children of the World Co-op, Inc. is a 501 (c) (3) organization – donations to which are tax deductible to the fullest extent allowed by law. A copy of our current financial statement is available upon request by calling our office at 410-377-5900. Documents submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and mailing.					

- ****Children under the age of 6 months attend free of charge if attending with an older sibling.**
- You may join after a session has started if space is available. Fees are prorated once a session has begun.
- We accept payment by cash or check payable to Children of the World Co-op
- **We value your presence with us! If you need help with the cost in order to participate, please do not hesitate to privately contact Karen Rist at 410-377-5900 or by e-mail at cotw@earthlink.net. All requests remain confidential. Everyone is welcome here. ☺**



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NEW MEMBER INFORMATION FORM

Welcome to the Children of the World Co-op! Please sign & return this form with your registration.

Name(s) of child(ren) who will be attending: _____ Date of Birth: _____
 _____ Date of Birth: _____
 _____ Date of Birth: _____

Allergies or health conditions the Co-op should be aware of: _____

Address: _____ Zip Code: _____

Neighborhood: _____ Home Phone: _____

Email: _____

(Note: email is for the newsletter & Co-op notices only! It will not be shared without your permission.)

Parent / Guardian #1:

Name: _____ (Circle One): Mother Father Other

Languages Spoken: _____ Country of Birth: _____

Employer: _____ Job Title: _____

Daytime Telephone: _____

If affiliated with an area university, please be specific when completing:

University/Institution: _____ Dept./School _____

(Circle one): Undergraduate Student Graduate Student Post-Doc Faculty Staff (position) _____

Parent / Guardian #2:

Name: _____ (Circle One): Mother Father Other

Languages Spoken: _____ Country of Birth: _____

Employer: _____ Job Title: _____

Daytime Telephone: _____

If affiliated with an area university, please be specific when completing:

University/Institution: _____ Dept./School _____

(Circle one): Undergraduate Student Graduate Student Post-Doc Faculty Staff (position) _____

Caregiver Information: Complete if someone else will bring your child to the Co-op

(Note: Parents whose children attend with a caregiver must arrange to visit the co-op before the start of the session.)

Name: _____

Languages Spoken: _____ Country of Birth: _____

Address: _____ Zip Code: _____

Neighborhood: _____ Home Phone: _____

If affiliated with an area university, please be specific when completing:

University/Institution: _____ Dept./School _____

(Circle one): Undergraduate Student Graduate Student Post-Doc Faculty Staff (position) _____

The Co-op offers **ENGLISH AS A SECOND LANGUAGE CLASSES (ESL)** on some mornings during the Co-op session (check the website for details). Please give the name of parent or caregiver who would like to participate:

How did you learn about the Children of the World Co-op? (Please note all that apply)

Flyer (Where?) _____

Word of Mouth/Friend (Who?) _____

From neighborhood group listserv (Please specify) _____

Saw magazine ad or article (Where?) _____

Internet search _____

JHU/JHMI office or organization (Please specify) _____

Other university? (Which school & office?) _____

Co-op banner at Charles & University Pkwy _____

Another organization's website (Where?) _____

Saw someone wearing a Co-op T-shirt! _____

<input type="checkbox"/> I give permission to the Co-op to make or use pictures, slides, digital images, or other reproductions of me, of my minor children (listed above) or of materials owned by me or my child(ren), and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of the Children of the World Co-op.
<input type="checkbox"/> I have read and agree to the member responsibilities & policies found on the Co-op's website.
Signature of Parent or Legal Guardian (required): _____ Date: _____



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MEMBER PARTICIPATION LIST FOR SPRING 2018

Thank you for being a member of the Children of the World Co-op. A co-op, or cooperative, is defined as an organization owned by and operated for the benefit of those using its services. Each of our members is responsible for the Co-op's success in providing a great place for our children to play. Being a member of the Co-op means sharing in the work.

Please look over the lists below and **select one job from Section A and one from Section B** (you are welcome to select several!). Every family is asked to commit to at least two tasks, as "many hands make light work". Signing up now lets you plan ahead and lets us know where we need to ask for extra helpers before an event is upon us.

How should we contact you? Name: _____

Phone: _____ Email: _____

SECTION A: EVENTS AND COMMITTEES (choose an event or committee from this section, then go on to Section B)

INTERNATIONAL DINNER with RAFFLE & SILENT AUCTION --- Saturday, May 19, 2018 --- 5-7:30 pm

- I will arrive at 4:15 pm to help with set up
- I will assist at the buffet table for a 30-minute time slot during the dinner
- I will stay after for approximately 45 minutes to help with clean up
- I will join the event planning committee
- I will stuff raffle ticket packets
- I will solicit some businesses for raffle/auction prizes (Co-op supplies a request letter)
- I will donate a prize for the event
- I will help with decoration ideas and preparation
- I will make reminder calls to members to return raffle tickets sold (1 week before the event)
- I will help with the Raffle Drawing at the dinner
- I will be a cashier for the Silent Auction

COMMITTEES:

- I will serve on a committee. Please circle all that interest you. We will call you with more information.**
 - 1) Development (fundraising, donor acquisition, etc.),
 - 2) Outreach/Publicity (getting the word out about COTW),
 - 3) Member Participation and Cooperation (encouraging involvement and increasing the level of enjoyment for everyone),
 - 4) Strategic Planning (assessing the benefits and efficacy of our programs)
- I would like to serve as an Officer on the Board of Directors. Please tell me more about this.**
- I would like to serve as a Member Representative on the Board of Directors, representing families who attend the Co-op on the same day that I do. Please call me.**

SECTION B: ASSORTED TASKS

- I will repair Co-op furniture as needed.
- I will update the bulletin boards monthly.
- I will launder the quilts, pillows & stuffed animals between toy cleaning days.
- I can be a substitute for the playgroup leader on occasion.
The best day of the week for me is _____.
- I can prepare materials for a craft project if given the supplies and instructions (such as pre-cutting paper, lengths of yarn, etc.). Art activity ideas welcome!
- I can create posters, fliers for special events.
- I will change the children's books weekly in the Reading Corner.
- I could play an instrument or lead singing or movement for part of Circle Time on occasion. Please call me.
- I have graphic arts skills for publications.
- I could substitute for the ESL teacher on occasion (Tuesday or Thursday mornings).
- I could share songs or stories or craft ideas from my country.

OTHER:

(Feel free to suggest other ways that you could contribute to the Co-op by sharing a talent or skill or offering a donation of goods. For example, do you have office skills (i.e. Microsoft Access, Excel. etc), musical or artistic talent, carpentry skills, fundraising experience?)

Some of these necessary jobs can be done from home. Some of our committees operate largely through email. We hope that makes it easier for more people to join in. If you have questions about any of the tasks listed, call us at 410-377-5900 or email the Co-op at cotw@earthlink.net.

Please remember that everyone, parents and caregivers alike, helps out on a rotating basis with the daily tasks at the Co-op, such as setting up and cleaning up at snack time, putting away craft supplies, opening the outdoor toy closet and bringing out the toys, etc. Check the sign up board each day when you arrive and sign up for a job you've never done before. Please ask your caregiver to do the same.

THANK YOU! You will be contacted about your selections.