



**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 SUMMER 2019: Monday, June 10 to Friday, August 2**

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 want.)

Membership Rates per Family for the 8 week Summer Session		Number of days attending each week			
	Total session fee if attending one day each week = \$104	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>  Children of the World Co-op, Inc. is a 501 (c) (3) nonprofit 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 or mailing to: Children of the World Co-op, Inc., P.O. Box 26215, Baltimore, MD 21212. For the cost of postage and copying, documents and information filed under the Maryland charitable organizations laws can be obtained from the Secretary of State, Charitable Division, State House, Annapolis, MD 21401, 800-825-4510.				Additional Contribution	\$
				Total Payment	\$

- Age range is 6 mos. – 4 yrs. of age. Children under 6 mos. & children 5 yrs. of age may enroll if space is available.
- 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, Inc.
- **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**

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**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: Info will not be shared without your permission.)*

**Parent / Guardian #1:**

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Name: \_\_\_\_\_ (Circle One): Mother Father Other

Languages Spoken: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

*Any University affiliation?* University/Institution: \_\_\_\_\_ Dept./School \_\_\_\_\_

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

**Parent / Guardian #2:**

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Name: \_\_\_\_\_ (Circle One): Mother Father Other

Languages Spoken: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

*Any University affiliation?* University/Institution: \_\_\_\_\_ Dept./School \_\_\_\_\_

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

**Caregiver Information: Complete if someone else may 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: \_\_\_\_\_

Any University affiliation? 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 a listserv group (Which?) \_\_\_\_\_ Baltimore's Child Magazine \_\_\_\_\_

Internet search \_\_\_\_\_ Facebook ad \_\_\_\_\_

Hopkins or other university office or organization (Please specify) \_\_\_\_\_

Another organization's website \_\_\_\_\_ Co-op banner at Charles & University Pkwy \_\_\_\_\_

Saw someone wearing a Co-op T-shirt! \_\_\_\_\_

**Child/Children's Full Names:** \_\_\_\_\_

**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.

**I have read and agree** to the member responsibilities & policies found on the Co-op's website. (required)

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



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## MEMBER PARTICIPATION LIST FOR SUMMER 2019

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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: \_\_\_\_\_

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

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#### **EVENTS:**

- I will help with TOY CLEANING DAY on Saturday, July 27, 2019, 9-11 am.**  
At least a dozen adults are needed to help clean the large toys, furniture and climbing equipment. **(Note: Because we have so many toys, everyone will be asked to take some toys home to clean the week before this event.)**

#### **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**

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- 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 construction 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](mailto: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.**