



CHILDREN
OF THE
WORLD
CO-OP, INC.

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

Co-op meets at:
Cathedral of the Incarnation, basement level

REGISTRATION FORM Spring Session 2020 (12-weeks): Monday, Feb. 24 to Friday, May 22, 2020

New Member Returning Member

Children attending: _____ Date of Birth: _____
 _____ Date of Birth: _____
 _____ Date of Birth: _____

Parents' names: _____

Contact Info: Phone: _____ Email: _____

If attending with a caregiver, name of caregiver: _____

Days attending: Mondays Tuesdays Wednesdays Thursdays Fridays

Membership Rates: Rates are determined by days attended per week. Families with more than one child pay the same fee as those with one child.

The total Spring Session fee is \$156 for once a week attendance during the 12-week session. To attend more days each week, simply multiply the fee by the number days per week you wish to attend.

One day a week fee	X	# of days attending each week	=	Total Fee	+	Contribution*	=	Total Payment
\$156	X		=	\$	+	\$	=	\$

**When enclosing your registration fee, please consider including a 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.)*

-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.* 😊

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.

MEMBER PARTICIPATION LIST FOR SPRING SESSION 2020

Our co-op, or cooperative, is as an organization operated by and 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.

Everyone, parents and caregivers alike, helps 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, etc. Check the sign-up board when you arrive and sign up for a job at least every other week. Please ask your caregiver to do the same. Also, sign up to take a turn bringing some supplies for snack time, once or twice during the session (see the desk calendar at the Co-op for what is needed).

Some "behind the scenes" help is needed, too. Every family is asked to choose two tasks that suit your time and interests. Please look over the lists below and select one task from Section A and one from Section B.

Thank you for your time, energy and ideas!

SECTION A: EVENTS AND COMMITTEES

-EVENT: Sat., May 16 - International Dinner w/ Raffle, Silent Auction & Entertainment!! 5:00 - 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 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: Help is needed with planning in these areas (by email or discussion during play)

- I will help with: **(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/Cooperation (encouraging involvement and increasing the level of enjoyment)
 4. Strategic Planning (assessing the benefits and efficacy of our programs)
- I would like to serve as an Officer on the Board of Directors. **(The Board meets every other month.)**
- 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.

SECTION B: ASSORTED TASKS

- I will repair Co-op furniture as needed.
- 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. Art activity ideas welcome!
- 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. Fliers, posters, etc.
- 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 by sharing a skill or offering a donation of goods. For example, do you have office skills, musical or artistic talent, carpentry skills, fundraising experience?)

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: Info 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: _____

Any University affiliation? 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: _____

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 _____

(cool)Progeny _____ Internet search _____

Facebook ad _____ WTMD radio (89.7FM) _____

Hopkins or other university office or organization (Please specify) _____

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

The Charles Villager newspaper _____ Saw someone wearing a Co-op T-shirt! _____

Outreach event (Farmers market, neighborhood fair, DBFA fair, etc. _____

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: _____