



CO-OP SCHEDULING REQUEST FORM

Child's Name _____ Class _____

Additional Child at AHCNS _____ Class _____

Scheduling requests will be honored in the following order:

1. Inability to co-op on a particular day due to regular work schedules.
2. Need to co-op on days when the nursery is open.
3. Preference for co-oping on days when all siblings are in school (For families with more than one child at AHCNS).

Please list below the day(s) of the week on which you cannot co-op and the reason(s) you wish to be exempt on these days.

Day _____ Reason _____

Day _____ Reason _____

Day _____ Reason _____

☐ Please check here if you have no co-oping requests.

☐ Please check here if you are expecting a baby. Due date: _____

You are allowed up to 6 weeks off after delivery. Please keep in mind, however, that you are responsible for your full number of co-oping days before or after your family leave.

Schedules will be distributed in advance in order to allow ample time to trade days with others when needed (i.e., vacations, doctor's appointments, etc.). Please remember to change the co-oping schedules posted outside your child's classroom if trading days, as the teacher needs to know who is co-oping. If you co-op for someone, make sure that person takes one of your co-oping days as well; days are only counted as assigned.

All questions or additional requests (once the school year has begun) must be made in WRITING and sent to the Participation Vice President and aspenhillcns@gmail.com.

Nursery Use

Please complete this section **only** if you need the nursery for siblings.

Name of child in nursery _____ Date of birth _____

Name of child in nursery _____ Date of birth _____

Please check one:

☐ I need to be scheduled only on days when the nursery is open because I have no other childcare arrangements.

☐ I prefer to be scheduled on days when the nursery is open, but I can make other arrangements if necessary.