



**WELCOME!**

**BIENVENIDO!**

We are so excited to have you and your family as part of the New Horizons community!

Please complete the enclosed forms and return them to school before school starts. We have also included additional information about New Horizons.

Please call or email with any questions!

**Forms to be completed and returned to school before school starts:**

- Enrollment Record (Pages 2 - 5)
- General Health Appraisal (to be filled out by child's physician) - Page 6
- Immunizations Form (to be filled out by a physician) -Page 7
- Parent Responsibility Form - Page 8
- Photo Release Form - Page 9
- Sunscreen Form - Page 10



# NEW HORIZON COOPERATIVE PRESCHOOL ENROLLMENT RECORD



Date of Enrollment \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City/State Zip

Home Phone \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Total Number of person(s) in Household: \_\_\_\_\_ Female Head of Household \_\_\_ Yes \_\_\_ No

Parent/Guardian Name \_\_\_\_\_ Cell Phone/Pager/Home Phone \_\_\_\_\_  
Last First

Parent Address (If different from child) \_\_\_\_\_  
Street City/State Zip

Parent/Guardian Name \_\_\_\_\_ Cell Phone/Pager/Home Phone \_\_\_\_\_  
Last First

Parent Address (If different from child) \_\_\_\_\_  
Street City/State Zip

New Horizon is required to provide services to low/moderate income households in Boulder. Please check the box below if you participate in any of the following programs:

- Subsidized or Low Income Housing: \_\_\_\_\_
- Medicaid \_\_\_\_\_ (optional)
- Childcare Assistance Program
- Low Income Energy Assistance Program
- Section 8 Voucher
- Food Stamps
- TANF  CHP+
- SSI/SSDI  Other assistance

I have given the information above and to the best to my knowledge it is true and accurate. I agree to allow New Horizon Preschool to contact any/all the above mentioned agencies to verify my participation and/or income. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CONTACT

(1) \_\_\_\_\_  
Name Relationship Cell Phone/Pager/Home Phone

(2) \_\_\_\_\_  
Name Relationship Cell Phone/Pager/Home Phone

(3) \_\_\_\_\_  
Name Relationship Cell Phone/Pager/Home Phone

#### STAFF USE ONLY

Verification of Applicant participation in agency listed above ( ) YES ( ) NO

Agency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

New Horizon Preschool Staff Member Signature: \_\_\_\_\_



### HOUSEHOLD DEMOGRAPHICS

New Horizon Preschool is required to offer you the opportunity to self-identify your ethnicity/race. However, you may refuse to complete this section.

Head of Household	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____

Spouse or Other Adult or Minor Child (Circle One)	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____

Spouse or Other Adult or Minor Child (Circle One)	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____

Spouse or Other Adult or Minor Child (Circle One)	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____

Spouse or Other Adult or Minor Child (Circle One)	
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
	<input type="checkbox"/> White <input type="checkbox"/> Native American/Other Pacific Islander
	<input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> I choose not to share my ethnicity/race. Please Initial Here: _____



### PICK UP INFORMATION

**Additional Person(s) Authorized to Pick up Child (Must show photo ID):**

(1) \_\_\_\_\_  
 Name Relationship Phone  
 \_\_\_\_\_  
 Address

(2) \_\_\_\_\_  
 Name Relationship Phone  
 \_\_\_\_\_  
 Address

### FIELD TRIPS/TRANSPORTATION AUTHORIZATION

I give my permission for my child, \_\_\_\_\_ to go on field trips away from school on foot or by vehicle: yes / no

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### SCHOOL COMMUNICATION

**What is your preferred means of communication (please check one and fill in the contact information)?**

Email (preferred email address): \_\_\_\_\_

Text (preferred cell phone number): \_\_\_\_\_

Paper information via your child's mailbox at school



## MEDICAL INFORMATION

Hospital of Preference (Please check one):

- Good Samaritan Medical Center, 200 Exempla Cir, Lafayette, CO 80026
- Foothills Hospital, 747 Arapahoe Ave, Boulder, CO 80303
- Other \_\_\_\_\_

Allergies/Reactions \_\_\_\_\_

Chronic Illnesses/Special Needs \_\_\_\_\_

Medications \_\_\_\_\_

Additional Medical Information/Comments:

Insurance/Health Care Plan Information \_\_\_\_\_

Is your child fully immunized? \_\_\_\_\_ Completed immunization records must be provided on or before the first day the child is in care. Please see Colorado Department of Public Health & Environmental vaccination letters on pages 7-8.

Physical limitations \_\_\_\_\_ Describe if yes \_\_\_\_\_

Dietary limitations \_\_\_\_\_ Describe if yes \_\_\_\_\_

## Authorization for Emergency Medical Care

I hereby give my permission to New Horizons Cooperative Preschool to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

# General Health Appraisal Form

## Parent: *Please complete*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies:  None  Describe: \_\_\_\_\_

Type of Reaction: \_\_\_\_\_

Diet:  Breast Fed  Formula: \_\_\_\_\_  Age Appropriate

Special Diet: \_\_\_\_\_

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

**Sleep:** Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, \_\_\_\_\_ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number: \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Authorization expires 365 days after this date

## Health Care Provider: *Please complete after parent section has been completed*

Date of Last Exam: \_\_\_\_\_ Recent Weight: \_\_\_\_\_ \*\*HCT: \_\_\_\_\_ \*\* B/P: \_\_\_\_\_ \*\*Lead Level: \_\_\_\_\_

Physical Exam:  Normal  Abnormal (*see explanation of significant health concerns:*)

Significant Health Concerns:  None  Reactive Airways Disease  Seizures  Diabetes  Developmental Delays

Vision  Hearing  Hospitalizations  Severe Allergies  Other (*dental, nutrition, behavior, etc.*) \_\_\_\_\_

Explain above concerns (if necessary, include instructions to childcare providers): \_\_\_\_\_

Current Medications/Special Diet:  None  Describe: \_\_\_\_\_

(Separate medication authorization form required for medications given in Child Care)

**Fever reducer or pain reliever (*mark only one product: max. 3 consecutive days without additional medical authorization*)**

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed:

Dose \_\_\_\_\_  See attached Dosage Schedule from our office

OR

Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed:

Dose \_\_\_\_\_  See attached Dosage Schedule from our office

Immunizations:  Up-to-date  See attached immunization record  Administered today: \_\_\_\_\_

## Signature:

Next Well Visit:  Per AAP Guidelines\* or  Age: \_\_\_\_\_

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) \_\_\_\_\_

Date \_\_\_\_\_

## Office Stamp: *Or write Name, Address, Phone Number*

The Colorado Chapter of the American Academy of Pediatrics (AAP), Healthy Child Care Colorado, and Headstart have approved this form 04/04.

\* The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

\*\* Required by Head Start programs only per state EPSDT schedule

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# COLORADO CERTIFICATE OF IMMUNIZATION

[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6<sup>th</sup> grade entry.

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

## Required vaccines

Immunization date(s) MM/DD/YY

Titer date\*  
MM/DD/YY

Required vaccines	Immunization date(s) MM/DD/YY	Titer date* MM/DD/YY
Hep B Hepatitis B		
DTaP Diphtheria, Tetanus, Pertussis (pediatric)		
Tdap Tetanus, Diphtheria, Pertussis		
Td Tetanus, Diphtheria		
Hib <i>Haemophilus influenzae</i> type b		
IPV/OPV Polio		
PCV Pneumococcal Conjugate		
MMR Measles, Mumps, Rubella		
Measles		
Mumps		
Rubella		
Varicella Chickenpox		

Varicella - date of disease	Varicella - positive screen date
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\*A positive laboratory titer report must be provided to the school to document immunity.

\*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

## Recommended vaccines

Immunization date(s) MM/DD/YY

Recommended vaccines	Immunization date(s) MM/DD/YY
HPV Human Papillomavirus	
Rota Rotavirus	
MCV4/MPSV4 Meningococcal	
Men B Meningococcal	
Hep A Hepatitis A	
Flu Influenza	
Other	

Health care provider signature or stamp: \_\_\_\_\_

Date: \_\_\_\_\_

Student is current on required immunizations for age (circle one):    Yes    No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: \_\_\_\_\_

Date: \_\_\_\_\_

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parents' Responsibilities



As a cooperative, New Horizons depends on the involvement of all families attending the preschool. Your responsibilities include the following:

- Co-op in your child's class as required, or find a substitute\*:  
*T-Th Class: once every month*  
*MWF Class: once every three weeks*  
*PM Class: twice a month*
- Pay tuition monthly by the 10th
- If withdrawing your child from school, give 30 days advance notice
- Participate in three all-school clean-ups, two hours each time
- Choose at least one parent job
- Help with at least 2 fundraisers
- Attend at least 2 parent board meetings
- Attend class orientation meeting in the fall

I have read this list of responsibilities, and accept these responsibilities upon enrolling my child in New Horizons Preschool.

Parent/Guardian signature:

Date:

Parent/Guardian signature:

Date:

\*Co-oping will resume when it is safe to do so. We will have no co-oping in fall 2020.

*Please list any special interests or talents that you could share with the school:*





## Photo Parental/Guardian Consent Form



This parental request form is to request permission to use your child's photo/image in New Horizons print and web media.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to New Horizons.

Check one of the following choices:

I/We GRANT permission for a photo/image that includes this student without any other personal identifiers (i.e. name) to be published on the New Horizons website or print media.

I/We GRANT permission for this student's photo/image and name to be published on the New Horizons website or print media.

I/We DO NOT GRANT permission for photo/image that includes this student to be published on the New Horizons website or print media.

Student's Name: (please print) \_\_\_\_\_

Print name of Parent/Guardian: (print) \_\_\_\_\_

Signature of Parent/Guardian: (sign) \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Date: \_\_\_\_\_



## Sunscreen Authorization Form



This form is to provide New Horizons' teachers with authorization to apply sunscreen on premises to your child's exposed skin prior to outdoor play.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to New Horizons.

Check one of the following choices:

I/We GRANT New Horizons' teachers with authorization to apply sunscreen on premises to your child's exposed skin prior to outdoor play.

I/We DO NOT GRANT New Horizons' teachers with authorization to apply sunscreen on premises to your child's exposed skin prior to outdoor play.

Student's Name: (please print) \_\_\_\_\_

Print name of Parent/Guardian: (print) \_\_\_\_\_

Signature of Parent/Guardian: (sign) \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Date: \_\_\_\_\_



## Pledges

New Horizons is committed to maintaining a student body of children from diverse racial, cultural, and economic backgrounds. Since its inception, 50% of New Horizon's students have come from economically disadvantaged homes. This has been made possible through fundraising activities and through grants written by New Horizon's families and teachers.

However, New Horizons needs to improve its financial security. The school wants to continue to make tuition affordable to middle income families and reduce tuition as necessary, while avoiding financial crisis if tuition payments are missed, or a major piece of equipment breaks down.

After considering several methods, the Board of Directors has decided to pursue a pledge system, where families would pledge an additional tax-deductible sum, either a one-time or monthly contribution.

Please help if you can. New Horizons is based on principles which are increasingly important to this country, and the school needs your help.

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## Contribution Pledge Form

I hereby agree to make a tax-deductible contribution to New Horizons Cooperative Preschool as shown below:

\$\_\_\_\_\_ per month beginning\_\_\_\_\_(month/year) and ending\_\_\_\_\_(month/year).

OR

\$\_\_\_\_\_ as a one-time contribution, no later than \_\_\_\_\_ (month/year).

Please put this form in the membership or tuition folders on the school bulletin board.

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## Classes, Tuition and Policies



### **Monday-Wednesday- Friday Mornings**

8:30 – 11:50am - Please be prompt when picking up your child.  
16 children, ages 2 yrs. 9 months through five years  
Parents volunteer in the classroom once every three weeks  
Tuition - \$375 per month

### **Tuesday-Thursday Mornings**

8:30 – 11:45 am – Please be prompt when picking up your child.  
ages 2 yrs. 6 months through five years  
Parents volunteer in the classroom once every four weeks.  
Tuition: \$250 month

### **Monday -Friday Afternoons**

1pm – 3:45pm – Please be prompt when picking up your child.  
Pre-kindergarten class of 16 children, ages 4 and 5  
Parents volunteer in the classroom or on field trips 1-2 times per month  
Field trips are taken almost every week, on outings like the pottery studio, creative movement, science at the planetarium, etc.  
Tuition: \$575 per month

### **Virtual Learning**

Please talk with the teachers about your child’s virtual learning experience including hours, activities, and fees.

### **Withdrawal Policy**

In order for New Horizons to meet its financial obligations, parents are requested to give a 30-day notice before withdrawing a child. Parents are responsible to pay the tuition for the 30 days following given notice.

### **Tuition Assistance**

In accordance with our founding principle that children of all socio-economic backgrounds attend the preschool, New Horizons offers a tuition assistance program to families who can pay less than full tuition. Reduced and full tuition families are equal partners in the school. The resulting feeling of cooperation and understanding is a natural benefit to our children. If you need tuition assistance, apply for it at the same time you apply to the school. Please ask the membership person for a tuition reduction form. Please fill out the form before school begins. The information in this form is confidential.

Please see the Sliding Scale on Page 14.



## Classes, Tuition and Policies



### Tuition Policy

- **Tuition is due by the first day of each month**, with a grace period to the 10<sup>th</sup> of each month. The first payment is due September 1. Payments may be left in the treasurer's basket, hanging on the wall in the school.
- If you cannot make the payment by the 10<sup>th</sup>, please call the treasurer. You can then work out how and when you will pay.
- If we do not receive your payment by the 15<sup>th</sup> and we do not hear from you, the treasurer will give a reminder call or notice to resolve the delinquency before the end of the month.
- New Horizons offers a tuition reduction program to eligible families. A family is eligible if the total monthly income is below the guidelines determined yearly. To apply for tuition reduction, please fill out the form, available at the school. Since the number of tuition reduction spots is limited, please fill out the form and return it as soon as possible.
- Families with unpaid tuition at the end of the school year in May will not be eligible to enroll for any subsequent summer or fall session until the debt is clear.
- Registration fee is due when accepting a spot for your child.
- Supplies fee is due with the first payment on September 1.

Please remember that we run a VERY tight budget to keep costs low and provide your child a high quality preschool experience. Prompt payment is important to keep our school running.



## 2023/24 Tuition Sliding Scale



Number of People in your Home	Income	MWF Tuition	T-Th Tuition	M-F pm Tuition
2	\$77,376 +	\$375	\$250	\$575
3	\$88,416 +	\$375	\$250	\$575
4	\$99,456 +	\$375	\$250	\$575
5	\$110,496 +	\$375	\$250	\$575
6	\$119,424 +	\$375	\$250	\$575
7	\$128,256 +	\$375	\$250	\$575
8	\$137,088 +	\$375	\$250	\$575
2	\$64,480 - \$77,375	\$300	\$200	\$460
3	\$73,680 - \$88,415	\$300	\$200	\$460
4	\$82,880 - \$99,455	\$300	\$200	\$460
5	\$92,080 - \$110,495	\$300	\$200	\$460
6	\$99,520 - \$119,423	\$300	\$200	\$460
7	\$106,880 - \$128,255	\$300	\$200	\$460
8	\$114,240 - \$137,087	\$300	\$200	\$460
2	\$40,300 - \$64,479	\$188	\$125	\$288
3	\$46,050 - \$73,679	\$188	\$125	\$288
4	\$51,800 - \$82,879	\$188	\$125	\$288
5	\$57,550 - \$92,519	\$188	\$125	\$288
6	\$62,200 - \$99,519	\$188	\$125	\$288
7	\$66,800 - \$106,779	\$188	\$125	\$288
8	\$71,400 - \$114,239	\$188	\$125	\$288
2	Below \$40,300	\$0	\$0	\$0
3	Below \$46,050	\$0	\$0	\$0
4	Below \$51,800	\$0	\$0	\$0
5	Below \$57,550	\$0	\$0	\$0
6	Below \$62,200	\$0	\$0	\$0
7	Below \$66,800	\$0	\$0	\$0
8	Below \$71,400	\$200	\$0	\$0

## UPK + CCAP



### Universal Preschool (UPK)

New Horizons has two class options that align with UPK. To enroll, you must submit an application through UPK Colorado. If you are a current family, please be sure to check that box during the process.

4 year olds can register through the UPK system, and we have tuition assistance for 3 year olds who are eligible for UPK. View New Horizon's UPK profile page: <https://upk.colorado.gov/providers/bf4e1af9-c481-4673-bc30-3551598b7754>

#### **Half-Time Classes eligible for UPK:**

Monday - Friday Mornings  
8:30 - 11:30 am

Monday - Friday Afternoons  
12:45 pm – 3:45 pm  
UPK Half-Time

Please reach out if you have any questions!

### CCAP

New Horizons is a CCAP Provider.

#### **WHO IS ELIGIBLE?**

Boulder County children ages 0 months to 12 years who live with:

- An adult or teen caretaker/parent that is in an eligible activity:
- Employed/ self-employed
- Job Searching (thirteen weeks)
- Post-Secondary Educational Activities (104 weeks and up to first Bachelor's degree)
- Educational Activities (teen parents in JR or SR High School, GED classes, ESL, and Adult Basic Ed/ Vocational Training)
- Families receiving Colorado Works/TANF and referred by their Case Manager

Please see more eligibility details and how to apply on this page: <https://bouldercounty.gov/families/financial/child-care-assistance-program/> - and connect with our teachers during your August home visit.



## About New Horizons



New Horizons Preschool was formed following the assassination of Martin Luther King, Jr., to provide an atmosphere where children from different racial, cultural, economic and linguistic backgrounds can learn, plan, and grow together. This diversity is part of what makes the experience at New Horizons unique.

### Teaching Technique

New Horizons is a child-centered school where each child is given time to explore his/her own interests. The environment is rich and varied, giving the child a chance to create, discover and learn in an individual manner. The staff reacts to and builds on what comes from each child, choosing equipment and materials accordingly, so that they can be used in many open-ended ways.

Teachers make special efforts to respond to each child's needs so s/he gains confidence in her/himself and her/his ability to learn and perform. The classroom is designed to further this sense of competency and self worth by providing many chances for successful encounter between the child and the environment. Children are encouraged to become independent and self-directed.

Our teachers also try to create a love of learning within each child. The staff uses stories, including ones the children invent, as whole language experiences. We help to develop the children's language skills by talking with them about things they are doing, thinking and feeling. Daily activities involve the motor skills, such as eye-hand coordination, that are required for reading. Basic concepts of equality, size, quantity and time are introduced as they come up in the child's play.

Teachers stress social development, helping children learn how to get along with their peers. When a conflict arises, the teachers try to get at the root of the problem, and provide concrete and positive guidance. This includes guiding children to talk directly to the person with whom they are experiencing conflict, and expressing their needs and feelings. This approach encourages children to learn to resolve their own conflicts.

### Two Languages

We have a language rich environment. Our goal is to support each child in his/her first language, while helping him/her become familiar with a second language. You will hear Spanish and English being spoken throughout the day, moving from one to the other. Conversations happen in both languages. Instructions and group times are given in both languages, side-by-side. Vocabulary for activities is learned in both languages.

We offer story times in four different ways: some days we all listen to a story together in English, other days in Spanish. Some days we have two separate stories, one in English and one in Spanish. This allows us to listen and learn more simple stories in both languages, becoming familiar with a new language as well as our first language. The separation allows us to engage in more complicated literature enjoyed in a child's first language.





## About New Horizons



### Environment

New Horizons is located in a green, tree-filled neighborhood in North Boulder. Outside, New Horizons has a large and private play area with paved tricycle paths, a log climbing structure and swings, a large sand play area, and lots of room to explore. When it's warm children can paint, play with water, garden, and feed the chickens.

Inside, New Horizons has separate rooms for dramatic play, art and sensory play, and a large room for blocks, puzzles, games, a library, musical instruments, and a kitchen where teachers and children prepare snack. Each child has a private cubbie to keep outdoor clothes and personal belongings.

### Students with Special Needs

New Horizons welcomes children with special needs.

### Snack

Each day includes a healthy vegetarian snack. Please let us know if your child has any dietary needs, and we will accommodate!

Our teachers are excited to talk with you to learn about your child, their interests and needs! We will conduct a home visit in August and 2 parent-teacher meetings throughout the year.

Throughout the year, if you have a question or concern, please let us know!



## Parent Participation



As a cooperative, New Horizons is administered and run by parents. This is a place where commitment and effort really count. The success of our cooperative really rests with each individual's willingness to engage, and fulfill their responsibilities. Co-oping responsibilities include:

- Helping in the classroom on a regular basis (1-2 times a month)
- Filling one of the already defined volunteer jobs (such as coordinating fundraising, serving on the board, organizing the classroom calendar of volunteers, etc.). You don't need experience, only dedication to the job.
- Participating in three annual clean-ups – parents deep clean, inside and outside. Each family is required to donate 2 hours of their time for each clean-up to this collective effort.
- Participating in fundraisers and events
- Attending two of the monthly board meetings, where parents discuss policies, allocation of resources, community building, etc. The school is run by the board of directors, made up of parents and teachers (who are non-voting members).

### Co-oping in the Classroom

Co-oping is one of the ways that New Horizons is unique - parents see first-hand what their child is learning and how their child relates to and plays with classmates. Your contribution is an enrichment to your children, their classmates, the teachers, and the other parents.

Here are some tips compiled to help you feel more comfortable in the classroom:

- Be prompt, relax, and be yourself.
- Stay in the area where the children are playing.
- When in doubt, talk with the teachers to ask for help or to exchange ideas.
- Keep focused on what the children are doing.
- Let the children do as much as they can for themselves.
- Be an active listener.
- Physically, try to remain on the same level as the children (sit if they are sitting).
- Share jobs on the cleaning list with your fellow co-oper at the end of the class. Instructions for cleaning to prepare for the next class is on the wall between the big room and the art room.
- Co-oping is fun! Enjoy yourself and play with the children. These few hours a month are such a precious time to be able to interact with your child, their friends and teachers.