

# (NEW FAMILY) PARENT / ADULT CO-OP FORMS for

ADULT NAME (LAST, FIRST)

STUDENT NAME (LAST, FIRST)

ASSIGNED CLASS

**THE ITEMS LISTED BELOW ARE REQUIRED PRIOR TO THE ADULT LISTED ABOVE TO CO-OP.**

→ → *Additional sets of co-op forms are available here: <http://sleepyhollowpreschool.com/membership/co-oping/>*

Checked if  
required:

Box checked if \$30 fee due to SHPS for us to submit your Background Forms:

✓

## **Required ONCE for New Co-Opers** (or if returning after a gap of one or more years):

### **Recognizing Child Abuse & Neglect (RCAN) Online Training & Quiz Certificate**

Follow the link below. You must print out and turn in the Certificate of Completion with your other forms.

*Training & Quiz:* [http://www.dss.virginia.gov/family/cps/mandated\\_reporters/cws5692/index.htm](http://www.dss.virginia.gov/family/cps/mandated_reporters/cws5692/index.htm)

### **Co-Op Training**

Attend one of the "New to Co-Oping Training" sessions during your child's first days of school (see separate "Schedule for the Start of School" for available days/times).

*If you are enrolling after the start of school year, this training may be provided online.*

## **Required EVERY YEAR:**

### **Sworn Affirmation of No Criminal Background** (complete and sign enclosed form)

### **FOUR (4) Hours of Continuing Parent Education** (by the *end* of the school year; opportunities provided and your participation documented by SHPS)

## **Required Every TWO (2) Years:**

### **Adult TB (Tuberculosis) Test or Clearance Statement from Doctor/Clinic** (form enclosed)

## **Required Every THREE (3) Years:**

*A \$30 fee made payable to "SHPS" is required for us to submit these forms to the agencies on your behalf.*

### **Va Dept. of Social Services (DSS) /Child Protective Services (CPS) Release of Information Form** (complete and sign enclosed form – ***YOUR SIGNATURE MUST BE NOTARIZED***)

1. Answer ALL questions completely by printing clearly in black ink. **The Office of Background Investigations will not accept forms that have been altered in any fashion - forms that contain strike outs, correction tape or white-out will be returned for resubmission.**

2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc.

3. If the answer to any question is none, write "N/A".

### **Va. State Police Criminal History Record Form** (complete enclosed form)

***NOTE THAT ANY ADULT LISTED ON YOUR FAMILY'S "CO-OP PROFILE FORM" WHO HAS \*NOT\* COMPLETED THE REQUIREMENTS ABOVE BY FRIDAY, SEPTEMBER 15 WILL BE REMOVED FROM THE LIST OF ELIGIBLE CO-OPING ADULTS.***

***Once removed, an additional \$10 fee (along with the requirements above) will be required to resubmit a co-op adult request.***