

Irondequoit Cooperative Nursery School

Partial Assist Buy-Out Program "Be a Part from the Start"

121 Scholfield Road

Rochester, NY 14617

(585) 342-8190

www.icnspreschool.org

ICNS recognizes that many families need to juggle both work and school commitments. This can make the cooperative nursery school concept a difficult choice for some people. Therefore, we offer a Partial Assist Buy-Out Program to meet the needs of the families in our community. This program will enable interested families to "buy-out" a portion of their assisting days (**4** out of the total required). The total number of assisting days is dependent upon our total enrollment. The cost is \$25.00 per day. The \$25.00 does not go to the school but is paid to the individual that will be the "substitute assisting parent." This program is limited to four families and is filled on a first come first serve basis. It is also dependent on finding other families within ICNS who are interested in being a substitute.

If you are interested in participating in the "Partial Assist Buy-Out Program," please fill out the form on the back. Applications and payment (\$100 to ICNS) for this program are due by August 26, 2011. The assisting scheduler will then be in touch to work out the details.

If you are interested in the position of "substitute assisting parent" at \$25.00 per day, please fill out the form on the back. If we have more than one individual interested, then we will rotate through the list. Please note: these assisting days would be in addition to your required non-paying assisting days and not a replacement for them.

Partial Assist Buy-Out Application

Name: _____

Phone # _____ Alt. Phone # _____

Email _____

Child _____ Class: MWF or *T/TH*

I agree to abide by the "Partial Assist Buy-Out Program" guidelines. I agree to pay \$25.00 per day (4 days) to ICNS who will then pay the assisting substitute parent for each buy-out day. I agree to fulfill the remaining assisting days that are required in the ICNS parent contract.

Signature: _____ Date: _____

Assisting Substitute Application

Name: _____

Phone # _____ Alt. Phone # _____

Email _____

Child _____ Class: MWF or *T/TH*

Days/Dates Available to substitute:

Signature: _____ Date: _____