



COOP ADD/DROP FORM

Please complete this form if you wish to add or drop your classroom participation. You may return the form to the front office.

- Participation can be dropped or added on either the 1st or 16th of each month.
- You must provide the office/classroom with at least two weeks notice if you wish to drop your classroom participation. Thank you!

Child's Name

Child's Classroom

Parent Name

Today's date

Best way to contact you (email or phone) _____

Please check one of the options below:

I would like to **drop** my classroom coop/participation hours.

(NOTE: You must provide 2 weeks' notice)

*Current coop schedule (day/time): _____

*Last day you will coop (date): _____

I would like to **begin** cooping/participation hours.

*Date you will start cooping: _____

*Coop schedule (day & time): _____

*Classroom you will be cooping in: _____

Please check in at the front office regarding available classroom hours

For Office Use Only:

Notice Received By: _____ Date: _____
Name

Submitted to Bus. Mgr.: _____ Billing: _____
Initial