Co-Op Work Day Preference Request Form

It is important that we know your Work Day preferences now, so that Work Day schedulers can provide the best schedule possible. Work Day assignments will be emailed via class email groups and in the Summer Scoop Newsletter. Please note that class meetings are usually the third week of each month.

Please return this form to the membership folder at school or mail to MVPNS, Attn: Membership, P.O. Box 4174, Mountain View, CA 94040.

Name of Work Day pare Name of child:	ent:			- -
Circle Class:				
2's T/TH AM	2's T/TH PM		3's T/TH AM	
3's MWF PM	4's MWF AM		4's MTWTH PM	
T/TH Work Day Prefere □ Tuesday □				
Monthly class meetings Thursdays for the T/Th parents in the T/Th clas month.	AM 2's class. Meeting	s are held on Tu	esdays for the T/Th A	AM 3's class. Work
MWF Work Day Prefere		□ Friday		
Monthly class meetings MWF AM 4's class. Wor per month.				
MTWTh Work Day Prefe		□ Wednesday	□ Thurs	day
Monthly class meetings MTWTh class can expe				ork parents in the
Reason(s) for Work Day Double Co-op family Carpool arrangement Other:	□ Outside em □ Childcare fo	ployment or siblings	□ Board Memb	er
Returning Co-op familie T/Th AM Class: MWF AM Class:		_ T/Th PM (y(s): Class: PM Class:	

Are you interested in carpooling with another family: YES NO

Are you interested in sharing/swapping childcare for a younger sibling with another family? YES NO If yes, what is (are) the name(s), age(s) and gender(s) of your younger children?