

St. George Co-op Nursery School  
 50 Beverly St. E.  
 St. George, ON N0E 1N0  
 Tel: (519) 448-1835

CHILDS NAME: _____
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AGE	TIMES	MONTHLY TUITION	CAPACITY
27 Months – 5 years	09:30 – 12:00	\$230.00	16

**REGISTRATION CHECKLIST- STUDENT**

- Registration Agreement**
- Enrolment Information**
- Regular/Emergency Pickup**
- Child’s Medical Information**
- Image Consent**
- Confidentiality Policy**
- Child’s Immunization Records (needs to be obtained from family doctor)
- Health unit form (obtain from teacher)
- Emergency contact form (obtain from teacher)

**REGISTRATION CHECKLIST- PARTICIPATION PARENT**

- Participating Parent Information**
- Participation Parent Criminal reference check (from local police service)

**REGISTRATION CHECKLIST- STAFF PARENT BACKFILL**

- Staff Backfill Parent Information**
- Staff Backfill Parent Immunization records (needs to be obtained from family doctor)
- Current CPR Certificate
- Staff Backfill Parent Criminal reference check (from local police service)

**\*Above items in BOLD are in the 6 page registration package.**

**FEES CHECKLIST**

**\*E-transfers of tuition and fines are accepted when accompanied by E-transfer sign off policy**

- Classroom Supplies & Activity Fee Cheque \$80
- \$50 Fine Cheque #1 (dated October 1<sup>st</sup> for missed meetings )
- \$50 Fine Cheque #2 (dated May 1<sup>st</sup> for non participation in community events)
- \$230 Fine Cheque (left undated in case of early withdrawal)
- Post dated monthly tuition cheques (dated for 1<sup>st</sup> of each month)

Starts program: \_\_\_\_\_ Leaves Program: \_\_\_\_\_

## Registration Agreement

Welcome to the St. George Co-Op Nursery School!

A Co-operative Preschool is formed by a group of parents who organize to provide their children with a quality preschool experience. It is administered and maintained by the parents on a non-profit basis. Under the guidance of a qualified teacher, the parents may assist in the classroom and participate in many aspects of the children's activities. Parents, children and their teachers all share in the learning experience.

To ensure that everyone understands what is expected of the members, we ask that you read the parents handbook and sign this Registration Agreement.

A. All forms and cheques (as listed) must be completed and submitted before your child can attend this preschool. Your child may be removed from program if all items in the registration package and fee checklist are not met by **November 1<sup>st</sup>**. Your child can resume once all requirements are met.

B. Attendance at monthly general meetings is mandatory and participants are required to attend the full meeting (1.5 hours in length). Either parent or a family representative qualifies for this requirement. You are permitted to miss one meeting per school year. One \$50 cheque is required upon enrollment without a date for a missed meeting fine. If your cheque needs to be cashed before the school year is over, you must provide another fine cheque within one week of the missed meeting. If you have already had a fine cheque cashed during the year, a second one will be cashed if you miss another meeting. This fine cheque will only be cashed if general meeting attendance requirements have not been met, as described above. The cheque will be returned at the end of the year, or when you leave the program, if the requirements have been met. Attendance is vital to the success of the co-op as we discuss and decide upon upcoming events, fundraisers, etc. Also, the classroom is cleaned and the toys are disinfected at the general meetings. Parents are required to stay for the duration of the meeting.

C. Participation in community events is mandatory. You must participate in a minimum of two community events. A \$50 cheque is required upon enrollment without a date for a missed community event participation fine. If you have not fulfilled this by the end of the year, this fine cheque will be cashed.

D. The participation parent must sign up for a minimum of 2 participation days per month. The participation parent must assist in the classroom on their scheduled day. If you are unable to attend, it is up to you to trade or find a qualified substitute.

E. There is a participation day opt out option for those who are unable to fulfill the participation day requirements, the cost is \$40 per month. Opting out of participation days must be decided before school starts in September. A parent/guardian cannot opt back in during the school year, but can be a volunteer in the classroom if volunteer requirements are met. Special consideration may be granted by the exec to opt back in.

Please check if you wish to Opt Out of participation days. You will not be responsible for duty days however, **ALL other membership requirements remain**. Cost is an additional \$40 per month. This option is only subject to availability.

F. Each member is required to participate in fundraising activities. A buy-out option will be available for certain fundraisers, as defined by the Executive.

G. Each member is required to accept a position on the Executive and/or Non Executive Positions. Anyone who does not sign up will be assigned a job from those that are remaining.

H. Upon leaving the co-op, members must withdrawal and terminating their membership by signing the last page in the registration package. Thus, terminate their membership and voting rights in the co-op.

I have read these requirements and the Parents Handbook and agree to fulfill my above obligations as well as adhere to the principles, policies and procedures.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### **Enrolment Information**

Child's Last Name	First Name	Gender
Address	City	Postal Code
Telephone	Date of Birth	
Mother's Last Name	First Name	
Cellphone Number	Email Address	
Employer	Work Phone Number	Occupation
Work Address	City	Postal Code
Father's Last Name	First Name	
Cellphone Number	Email Address	
Employer	Work Phone Number	Occupation
Work Address	City	Postal Code
If either parent does not live with child, please include address here:		
Are there any special custody arrangements?		
Other Members of Household, name and relationship:		
Primary language spoken at home:		
Is there anything you want to share with us about your child that would aid us in their transition to preschool? (fears, separation anxiety, behaviours, etc)		

### **Regular Pickup**

In the event that your child needs to be picked up by someone other than a custodial parent (guardian), the preschool is required to have written permission to release your child. Please fill out the following to indicate persons who are routinely authorized to take your child off the school premises.

Name	Home Number	Cell Number	Relationship

## Emergency Pickup

In the event of an emergency, we need to have an alternate contact person in case the parents cannot be reached. Please fill out the following to indicate persons who may make decisions regarding your child.

Name	Home Number	Cell Number	Relationship

## Child's Medical Information

Family Physician		Child's Health Card Number	
Physician's Address			
City	Postal Code	Physician's Phone Number	
Child's Allergies or Medical Conditions			
Does your child take any medications on a regular basis? : Y <input type="checkbox"/> N <input type="checkbox"/>			
Provide details and instructions if medication is to be administered during school hours:			
Does your child have any special needs or disabilities? : Y <input type="checkbox"/> N <input type="checkbox"/>			
Provide details:			
I/we hereby give permission for my/our child to receive emergency medical treatment in the event that I/we cannot be reached.			
Signed: _____ Date: _____			
Child's Name: _____			

## Toilet Training

Is your child toilet trained?	During the day: Y <input type="checkbox"/> N <input type="checkbox"/>
Date Achieved:	
Does your child let you know when he/she has to use the bathroom? : Y <input type="checkbox"/> N <input type="checkbox"/>	

### **Image Consent**

I understand that in the course of activities, members and staff may capture my child's image and/or voice on still photography, motion picture film, audio tape, video tape or digital media. These photos are typically kept in photo albums; however they could be used as promotional material.

I hereby agree that this material may be used solely to promote the school, in a whole or in part, within the community, on our website, in newsletters or in the classroom

I do not give permission to use this material to promote the preschool, in whole or in part.

### **Information Consent**

I consent to release by child's name, family phone number and email address for the purpose of a class list to be distributed to current St. George Co Op Preschool families.

I do not consent to the above.

### **Confidentiality Policy**

I, the undersigned, knowing that my actions may affect the lives of children and their families, will respect their privacy and the privacy of the people I volunteer with at the preschool. I will not disclose information that came to my knowledge by reason of my volunteering, including the names (and contact information) of the children and families enrolled in the preschool, except to professional organizations as required.

I have read the above policies and agree to abide by the requirements as outlined.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### **Participation/Staff Backfill Parent Information**

As we are licensed by the Ministry of Education, we must conform to the Child Care and Early Years Act. All Participation Parents must provide the documentation as outlined in this package. Although in most cases this is a parent, any adult meeting the criteria may be set up to do "participation" on behalf of your family. Each adult that will be participating in the classroom must fill out this section in its entirety and return it to the registrar before your first duty day.

The participation person is:  Mother  Father or  Other

Last Name	First Name	Relationship
Home Phone Number	Cell Phone Number	Email Address
Allergies / Relevant Medical Needs	Emergency Contact	Emergency Contact Number
Any Other Applicable Information		

### **Staff Backfill Parent's Medical Information**

Physician's Name	Physician's Phone Number	
Physician's Address	City	Postal Code
Emergency Contact Name	Relationship	
Emergency Contact Home Number	Emergency Contact Cell Number	

I am free of communicable diseases and am physically and psychologically able to work with children in a child-care environment. I shall produce proof of current immunization against Diphtheria, Tetanus, Polio, Measles, Mumps, and Rubella.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

*Please note: These medical requirements are as outlined by the Brant County Medical Officer as of May 1999. They are subject to change at any time*

## Application for the Withdrawal of Membership

I, \_\_\_\_\_ Member of the St. George Co-op Preschool, would like to submit my application to withdraw my membership from the preschool.

### Member Information:

Member Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone number:

\_\_\_\_\_

Effective Date:

\_\_\_\_\_

Reason for Membership Withdrawal:

- Child is entering JK in September
- Moving
- Child will be going to Full- day childcare
- Other \_\_\_\_\_

I understand that the preschool requires my membership responsibilities to be fulfilled and my account must be in good standing prior to withdrawing membership. All preschool property must be returned before withdrawal effective date. Any credit balances will be refunded by the preschool within 2 weeks of the withdrawal approval.

Member Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Board Approval:

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

Signature: \_\_\_\_\_