

St. George Co-op Nursery School
 50 Beverly St. E.
 St. George, ON NoE 1No
 Tel: (519) 448-1835

CHILDS NAME: _____

AGE	TIMES	MONTHLY TUITION	CAPACITY
27 Months – 5 years	09:30 – 12:00	\$150.00	16

*Monthly fees are based on yearly budget, broken down into 10 equal payments and are subject to change. Budget reviewed yearly.

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)
- Pink Health unit form (obtain from teacher)
- Emergency contact form (obtain from teacher)

REGISTRATION CHECKLIST- DUTY PARENT

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

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

FEES CHECKLIST

- Registration Cheque \$80 (\$50 insurance fee + \$30 registration fee) (spot not confirmed until received)
- \$50 Fine Cheque #1 (dated October 1st for missed meetings)
- \$50 Fine Cheque #2 (dated May 1st for non participation in community events)
- \$150 Fine Cheque (left undated in case of early withdrawal)
- Post dated monthly tuition cheques (dated for 1st 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 1st. 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, dated Oct. 1st. 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 a semester, a second one will be cashed if you miss another meeting. Fine cheques will only be cashed if general meeting attendance requirements have not been met, as described above. The cheques 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. If you have not fulfilled this by the end of the year, your second fine cheque will be cashed.
- D. The duty parent must sign up for a minimum of 2 duty days per month. The duty 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 duty day opt out option for those who are unable to fulfill the duty day requirements, the cost is \$40 a morning. Opting out of duty 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 duty days. You will not be responsible for duty days however, **ALL other membership requirements remain**. Cost is an additional \$80 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 or General Council. 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.

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?		

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			
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: _____			

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.
<input type="checkbox"/> 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
<input type="checkbox"/> I do not give permission to use this material to promote the preschool, in whole or in part.

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: _____

Participating Duty Parent Information

As we are licensed by the Ministry of Education, we must conform to the Child Care and Early Years Act. All Duty 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 "duty" 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 duty person is: Mother Father or Other

Last Name	First Name	Relationship
Home Phone Number	Cell Phone Number	Email Address
Employer	Work Phone Number	Occupation
Work Address	City	Postal Code

Duty 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 Home 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: _____