



REGISTRATION PACKAGE

Child's Name: _____

Birthdate: _____ / _____ / _____
month day year

Gender: Male Female

Home Address: _____
Street Name & Number City Postal Code

Primary Contact: _____

Home Address: same as child different address (add details on back)

Home Phone: _____ **Cell/Text:** _____

Email Address: _____

Parent/Guardian No 2: _____

Home Address: same as child different address (add details on back)

Home Phone: _____ **Cell/Text:** _____

Email Address: _____

Custody Status:

Both Parents Joint Other - please specify _____

Emergency Contact (other than Parent/Guardian):

Contact Name: _____ Home Phone: _____

Relationship to Child: _____ Cell Phone: _____

Family Doctor: _____ **Phone No.:** _____

Doctor Address: _____
Street Name & Number City Postal Code

SOCIAL/EMOTIONAL INFORMATION

Language:

What language(s) does your child primarily speak at home?
(Please check all that apply)

English French

Other – please specify: _____

Family:

Does your child have any siblings? No Yes Name(s)/Age(s): _____

Other people in household? No Yes Name(s)/Relationship: _____

Special Experiences or Interests (ie: trips, events, animals, books, sports): _____

Special Family Traditions/Celebrations (what and when celebrated): _____

Emotional Behaviour:

Characteristic behaviours (circle word(s) and/or add your own)

Calm, excitable, easily angered, anxious, tearful, happy, cheerful, withdrawn, cautious, aggressive, negative fears

Social Behaviour:

Characteristic behaviour (circle word(s) and/or add your own)

Friendly, shy, quiet, outgoing, aggressive

Do you have any developmental concerns about your child?

Any other information that may be helpful in knowing your child? (separation, divorce, new baby, adopted child, recent loss, etc.)

Has your child ever been in the Infant Development Program? No Yes

Are you concerned about your child meeting milestone targets? No Yes

Has your child had an ERIK assessment done? No Yes

Is your child currently in or on a wait list for speech therapy? No Yes

Has your child received a vision test? If yes, please specify No Yes

Has your child received a hearing test? If yes, please specify No Yes

HEALTH RECORD

Child's

Birthdate: / /
 month day year

Gender: Male Female

***** IMMUNIZATION RECORD MUST ALSO BE COMPLETED & ATTACHED *****

HEALTH HISTORY:

Communicable Diseases (check any the child has had):

- Chicken Pox Measles German measles Mumps Whooping cough
 Other _____

Submit a photocopy of your child's immunization record as per the requirements of Child Care Early Years Act. In most cases, this can be obtained from your family doctor if you don't have a copy yourself.

- **For parents who are choosing not to vaccinate their child(ren)**, the Health Department and CCEY requires that registrants of Elmvale Nursery School provide a statement of Conscience or Religious Belief. Please ask if you require assistance.
- If you are a classroom participant with these same convictions, please provide a signed, hand written note indicating that you have not continued with your immunizations for the same reasons.

Does your child have any known allergies or food intolerances?

No Yes If yes, please specify: _____

Does your child require an EPIpen?

No Yes If yes, please fill out a Medication Plan _____

Are there any special recommendations pertaining to the daily care of this child?

No Yes If yes, please specify: _____

Is your child receiving any medications to be given at the preschool?

No Yes If yes, please specify: _____

Any other health concern(s) that we should be aware of?

FINANCIAL AGREEMENT

1. Please check the sessions you require **and** Fundraising Preference:

Sessions (30 months - 5 years)	Fundraising
<input type="checkbox"/> 2 day program; M/W or T/T	<input type="checkbox"/> Option 1 - I will fundraise \$200, add \$0 to my monthly fee.
<input type="checkbox"/> 3rd day if available; M T W T	<input type="checkbox"/> Option 2 - I will fundraise \$100. Add \$10 to my monthly fee.
<input type="checkbox"/> 4 day program	<input type="checkbox"/> Option 3 - I will not fundraise. Add \$20 to my monthly fee.

- A Membership / Registration fee of \$50.00 is required at the time of registration and will be cashed **September 1**. This fee is non-refundable after that date.
- Additional day(s), at additional rates, are available upon request pending enrollment and approval of executive and staff.
- Monthly program fees are due at the first General Meeting. Post-dated cheques are required for the 1st of each month, **dated September 1st to May 1st inclusive**. Amounts vary based on selected options. Use the chart below to help determine the monthly tuition.

\$125	+		+		= \$
Base Fee		Additional Days if applicable (Add \$60 or \$120)		Fundraising (Add \$0 or \$10 or \$20)	Total Per Month

- A final invoice will be prepared for June tuition with any discounts and/or adjustments showing at that time.
- A Bond cheque is required from each family to ensure that fundraising and/or volunteer requirements are being met. **This cheque is to be left undated**. Bond cheques are mandatory. If the first 3 hours of the volunteer commitment or if fundraising requirements are not met, the bond cheque of \$200 will be cashed and a replacement cheque of \$200 will be required to continue. Any further hours missed, the second cheque will be cashed. If all requirements are met, this bond will be returned at the end of the school year. If you do not have cheques, a cash deposit of \$200 can be paid September 1 and held in trust until the end of term.
- In the case of an NSF cheque being returned, a \$15.00 administration fee will be applied.
- Child Care tax receipts will be available in February. Fundraising amounts do not qualify.
- Cheques can be made payable to: 'Elmvale Co-operative Nursery School' or 'ECNS' and/or etransfers can be sent to: ecnsexecutive@gmail.com

PLEASE NOTE:

We suggest your child start at the beginning of a month, as you are responsible for the entire month's fees whether or not your child attends the complete month. Fees are based on the entire school year. There are no refunds for Christmas break, March break, snow days and/or personal vacation time.

I UNDERSTAND AND AGREE WITH THE ABOVE STATEMENTS.

Initial

EXECUTIVE & COMMITTEES

Please make a first, second and third choice of which position you feel you would be best suited.

Every effort will be made to accommodate your first choice; however, Executive and Committees will be filled on a first come first served basis, depending on availability and enrollment. Some tasks and duties may need to double up. **Every family must have a role on either the Executive or a Committee and fulfil those requirements as outlined.** If left blank, a role will be assigned. Executive members will be appointed and approved at the first General Meeting. You will be notified of your committee placement on or before the first GM.

Executive Options:

- President
- Vice President
- Secretary
- Treasurer
- Fundraiser

Committee Options:

- Egg Hunt
- Housekeeping
- Maple Syrup Festival Bake Sale Coordinator
- Media
- Scholastics
- Yearbook

First Choice: _____

Second Choice: _____

Third Choice: _____

Are there any other skills/services that you feel that you could offer and be of benefit to the school (ie. field trips, classroom events, etc.)? Please specify (ie. painter, carpenter, nurse, electrician, paramedic, firefighter, etc.).

REFERRAL PROGRAM

How did you hear about Elmvale Co-operative Nursery School? Can we send someone a 'Thank-You'?

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet | <input type="checkbox"/> Past student | <input type="checkbox"/> Family |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Event | <input type="checkbox"/> Friend | <input type="checkbox"/> Other |

Please specify. All feedback is appreciated.

MEMBERSHIP AGREEMENT

I/We the Parents/Guardians understand that the **Co-Operative** is an organization whose successful operation depends on the participation and sharing of responsibilities of all **Co-Operating** families.

I/We agree to participate by:

FINANCES

Paying the fees as outlined in the Financial Agreement.

CRIMINAL REFERENCE CHECK

Completing and returning a Criminal Reference Check (CRC) prior to my first day participating in the classroom. A CRC including a Vulnerable Sector Check must be completed by all classroom volunteers. These are kept confidential and are valid for 2 years. The CRC may be applied through local Police Services.

For your convenience, a CRC request letter is available upon request to submit your application free of charge. Two pieces of photo ID is required when applying and may take several weeks to complete.

GENERAL MEETINGS (GM)

Attending mandatory General Meetings. There are minimum 3 GM's throughout the year in which you, or your family's representative, is required to attend. Each meeting = 1 hour towards Volunteer requirement hours.

EXECUTIVE & COMMITTEES

Working on one of either the Executive or Committees and being responsible for the duties it entails.

FUNDRAISING

The fundraising events have been designed to bring members together to build a sense of community within our school and contribute to our operating budget.

STUDENT NEEDS

Understanding that ECNS may need to make accommodation and/or modify your child's involvement with the program if it is not developmentally appropriate. Our program may not be able to meet your child's needs if they require 1:1 support. Our staff are required to support all children within the program.

WITHDRAWAL

Agreeing to give one month's written notice of intention to withdraw. Unless proper notice is given regarding withdrawal by a member the Co-Op is entitled to withhold one month's fees from the date of withdrawal. After March 1 of the current school year, all tuition fees are to be forfeited if a child is withdrawn.

BY-LAWS

Abiding by the by-laws of the school. No person shall become a member until his/her application for membership has been approved by the Executive. The Executive may refuse any application without giving reason. A member may be removed from ECNS by a majority vote of the Executive for failure to fulfill membership requirements.

Having read and understood the By-Laws and rules of Elmvale Co-Operative Nursery School:

I/We agree to abide by the agreement outlined above.

Signature of Parent/Guardian

Date