REGISTRATION PACKAGE

ELMVALE CO-OPERATIVE nursery school

Preferred Session(s): □**Mon/Wed** □**Tues/Thurs** □**Additional Day** (if available)
Preferred Duty Status: □**Duty** □**Non-Duty** □**No Preference**

Child's Name: _____

Birthdate: ____ / ____ / ____ **Gender:** □**Male** □**Female**
dd mm year

Home Address: _____
Street Name & Number *City* *Postal Code*

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

Email address: _____
To be used to send you the monthly newsletter, updates, reminders and other important information.

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

Doctor Address: _____
Street Name & Number *City* *Postal Code*

Emergency contact:

Emergency contact name (other than parents): _____
Relationship to child: _____
Home phone number for contact: _____
Cell/work number for contact: _____

For office use only:
Date Registration Received: _____
Date Enrolled: _____
Immunization Received: _____
CRC Received: _____
Date Withdrawn: _____

FAMILY INFORMATION

Parent/Guardian Information

Please fill out the following section **in full** as we need all of this information (**including postal codes**) on file for licensing purposes.

Mothers Information:

Name: _____ **Phone:** _____

Address (if different): _____

Business Name: _____ **Business Phone:** _____

Business Address: _____

Fathers Information:

Name: _____ **Phone:** _____

Address (if different): _____

Business Name: _____ **Business Phone:** _____

Business Address: _____

Custody Status:

□ **Both Parents** □ **Mother Only** □ **Father Only** □ **Other - please specify** _____

The school MUST be notified if someone other than a household member is to be picking up your child.

Other members of the household and/or those allowed to take your child from the school premises:

	Name	**Relationship to Child**
1.		
2.		
3.		

*******IMPORTANT*******

For the safety of your child, PLEASE inform us if there is a person NOT allowed to take your child from the school premises.

_____

_____

_____

HEALTH RECORD

Child's Birthdate: _____ / _____ / _____ **Gender:** □**Male** □**Female**
dd mm year

HEALTH HISTORY:

Communicable Diseases (check any the child has had):

□ Chicken Pox □ Measles □ German measles □ Mumps □ Whooping cough
□ Other _____

*****IMMUNIZATION INFORMATION FORM ON FOLLOWING PAGE MUST BE COMPLETED*****

Submit a photocopy of your child's immunization record as per the requirements of The Day Nurseries 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 requires that registrants of Elmvale Nursery School submit a signed, hand written note with their packages stating that immunizations "conflict with their convictions".
- If you are a duty parent with these same convictions, please provide a signed, hand written note indicating that you have not continued with your immunizations for the same reasons.
- Please note that the regulations are more stringent once your child reaches "big school", at which point you will need to provide a legally notarized affidavit.

Does your child have any known allergies?

□No □ Yes If yes, please specify: _____

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 Nursery School?

□No □ Yes If yes, please specify: _____

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

_____

_____

_____

_____

simcoe muskoka DISTRICT HEALTH UNIT

Tel: 721-7520
Toll free: 1-877-721-7520
www.simcoemuskokahealth.org
Your Health Connection

Day Nursery Immunization History

FORM TO BE COMPLETED AT THE TIME OF REGISTRATION

Nursery School/Day Care operators are required by the *Day Nurseries Act, R.R.O. 1990 Reg. 262, s.33* to keep a record of immunization on each child enrolled in a program or the parent/guardians reason in writing as to why the child is not immunized. Please note that once your child attends school additional documentation is required under the *Immunization of School Pupils Act* if you choose not to immunize. Please contact the health unit to discuss your options.

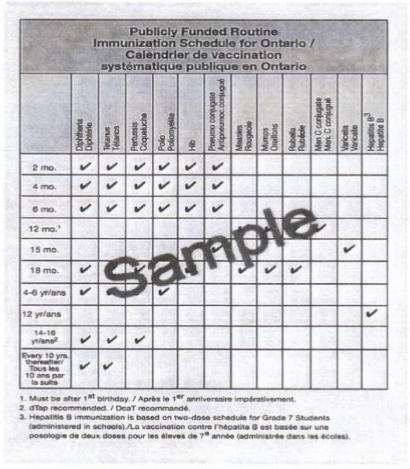
Please complete the following section and attach a photocopy of your child's immunization record. A copy of this information will be given to and kept on file by the Simcoe Muskoka District Health Unit. Health unit staff will review immunization information on each child enrolled in a Nursery/Day Care program. If your child's immunization record is not complete you will be notified by the health unit.

Immunization records are *NOT* automatically provided by your doctor. Please call the health unit when your child receives an immunization so that their electronic record can be updated.

Student Information

Date: _____
yyyy / mm / dd

Child's Surname:	**Please attach a photocopy of your child's Immunization Record**
Given Name:	
Date of Birth: yyyy / mm / dd ☐ M ☐ F	
Ontario Health Card Number:	
Parent / Guardian:	
Mailing Address:	
City: Postal Code:	
Phone (H): Phone (W):	
Current Preschool/Daycare:	
Previous Preschool/Daycare:	



This information is collected under the authority of the *Health Protection and Promotion Act R.S.O 1990 c.H.7., s.4* and the *Day Nurseries Act R.R.O. 1990 Reg. 262, s.33*. The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the Office of the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, (705) 721-7520 or 1-877-721-7520.

SOCIAL/EMOTIONAL INFORMATION

Language:

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

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

FINANCIAL AGREEMENT

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

□ Mon/Wed (31 months - 5 years)

□ Tues/Thurs (31 months - 5 years)

□ Additional Day – Specify: _____

□ Option 1 - I will fundraise $200, add $0 to my monthly fee.

□ Option 2 - I will fundraise $100. Add $10 to my monthly fee.

□ Option 3 - I will **not** fundraise. Add $20 to my monthly fee.

2. A membership / registration fee of $50.00 is required at the time of registration. Make cheque payable to *Elmvale Co-operative Nursery School* or *ECNS*, dated **September 1**. These fees are non-refundable after that date.

3. If applicable, an additional $40 is due for each additional day in attendance.

4. Monthly tuition fee is due at the first General Meeting. Post-dated cheques for required for the 1st of each month, dated September 1 to June 1 inclusive. Amounts vary based on various options (duty parent, fundraising and executive). Use the chart below to help determine the monthly tuition.

$125	+		+		-		-		-		= **$**
Base Fee		Additional Day (if applicable)		Fundraising (Add $0 or $10 or $20)		Duty Parent (Less $40)		Executive Discount		Multiples Discount	**Total Per Month**

5. For fundraising Option 1 and Option 2, a bond cheque is required to ensure that you meet your fundraising requirement. This cheque should be dated June 1 for $100 or $200. If your goal is met, this bond will be returned at the end of the school year.

6. An undated $25.00 meeting attendance bond is required with your registration package. Attendance is mandatory to at least 3 scheduled General Meetings. If you or your representative is unable to attend, this cheque will be deposited. If not used, this bond will be returned at the end of the school year.

7. A $35.00 duty day bond is required with your registration package. It is your responsibility to fulfil your monthly duty day requirement or make alternate arrangements to cover your day. This cheque will be deposited if alternate arrangements are made on your behalf and another cheque of $35.00 will be required. If not used, this bond will be returned at the end of the school year.

8. In the case of an NSF cheque being returned, a $15.00 administration fee will be charged.

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.

Should you switch from duty to non-duty status at any time throughout the school year (with prior written consent from Elmvale Co-operative Nursery School), parents may need to pay for duty coverage of their spot depending on student/teacher ratios and licensing requirements. Failure to pay may result in removal of your child from the school.

I UNDERSTAND AND AGREE WITH THE ABOVE STATEMENTS. _____ *Initial*

SNACK POLICY

Licensing guidelines requires that all students attending Elmvale Co-operative Nursery School must ensure all snacks sent in are labelled for the child who will be consuming them. This includes; lunch bags, all containers, all wrappers, etc. Snacks are to follow the Canadian Food Guide for healthy eating (ie. Fruits, vegetables, whole grains, milk, water, 100% juice)

All snacks are peanut free.

By initialing below, I agree that I have read and understood the Snack Policy of Elmvale Co-operative Nursery School.

_____
Initial

TELEPHONE NUMBER RELEASE POLICY

By initialling below, I give permission to have my child(ren)'s name, parent/guardian's name and phone number added to the school phone list, which will be handed out to each member's family. This information will never be sold to a 3rd party.

_____
Initial

PHOTO RELEASE POLICY (Optional)

I hereby give Elmvale Co-Operative Nursery School the absolute and irrevocable right and permission with respect to the photographs taken of my child(ren) or in which he/she/they may be included with others.

Please check all that apply:

- ☐ To use in the current year's yearbook
- ☐ For advertising purposes in the local newspaper (photos, articles)
- ☐ Social media or website (generally does not include close-up face shots)
- ☐ To use my child(ren)'s given name(s) in connection therewith if Elmvale Nursery School should choose.
- ☐ I hereby release and discharge Elmvale Nursery School from any and all claims and demands arising out of, or in connection with, the use of the photographs of my child(ren) including any and all claims for libel.

I am over the age of eighteen and the legal guardian of the child(ren) in photographs. I have read the foregoing and fully understand the contents thereof.

_____
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 parent (duty/non-duty) must be on either the Executive or a Committee and must participate in extra activities.** If the choices are left blank, a role will be assigned and you will be notified of your committee placement at the first General Meeting or shortly thereafter by Executive.

Executive Options:

- President
- Vice President
- Secretary
- Treasurer
- Registrar

Committee Options:

- Housekeeping
- Yearbook
- Scholastics
- Egg Hunt

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? Please specify (ie. painter, carpenter, nurse, electrician, etc.).

_____

_____

_____

REFERRAL PROGRAM

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

□ Newspaper	□ Internet	□ Past student	□ Family
□ Flyer	□ Event	□ Friend	□ 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 duty day.

Effective March 1, 1985, a CRC including a Vulnerable Sector Check must be completed by all participating members in the school (duty parents). These are kept confidential and are valid for 2 years. Extra forms are available from the Registrar. The CRC may be applied and paid for through local Police Services. CRCs are to be returned to the school in a sealed envelope marked "Confidential" – Attention: Registrar.

DUTY DAYS

Assisting the school staff on the days scheduled for me/us and if unable to attend, arranging for a trade of shifts using the class phone list. If unable to make arrangements, I will notify the Supervisor, at which time the $35 duty day bond will be forfeited and another duty day deposit cheque will be required.

GENERAL MEETINGS (GM)

Attendance to 3 of 4 General Meetings is mandatory or the $25 GM bond cheque will be forfeited. There are minimum 4 GM's throughout the year in which your participation is required.

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.

WITHDRAWAL

Agreeing to give one month's written notice of intention to withdraw to the Registrar. 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 Directors. The Directors may refuse any application without giving reason. A member may be removed from the Co-Op by a majority vote of the Directors 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*

CONSENT, RELEASE AND INDEMNITY AGREEMENT FORM

Please read the following very carefully to ensure that you fully understand the legalities before you sign.

In consideration of the benefits expected to be derived from the admission of our child/ward to the Elmvale Co-Operative Nursery School, I/We hereby give consent for _____ to be taken on supervised field trips, provided that I/We are informed of each trip in advance. I/We further covenant and agree in consideration our child/ward being allowed to participate in the nursery school program to indemnify and save harmless the teachers in charge and persons who may transport my child/ward - provided such person is a volunteer, unpaid driver - from any claims or demands that may be made by my child/ward arising out of any accident or other happenings.

The undersigned hereby waives and releases Elmvale Co-operative Nursery School, its Directors, Officers, Agents and employees from any and all claims, demands, actions or causes of action which may arise out of accident, injury or damage which may occur while participating in the Centre's activities, on and off site excursions, for the school year.

IN CASE OF EMERGENCY:

In the event of an emergency, the ECNS emergency shelter will be located at Huronia Centennial Elementary School (28 Simcoe Street) auditorium or library.

1. Where the health and well-being of my child/ward is involved.
2. Where medical advice has been such that further services are required, services which require the consent of the parent or guardian.
3. Where all attempts to contact the parent/guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent/guardian.

It shall be at the discretion of the TEACHER IN CHARGE of the group to take any emergency measures for the welfare and safety of my child/ward.

As the parent/guardian under the circumstances enumerated above, I/We hereby authorize the TEACHER IN CHARGE to secure such medical advice and services as may be deemed necessary for the health and safety of my/our child/ward and I/We agree to accept financial responsibility in excess of the benefits allowed by the Ontario Health Plan.

I have read and understand this release and indemnity agreement prior to signing it and am aware that by signing this document I am affecting the legal rights and liabilities of myself and my child/ward.

IN WITNESS WHEREOF, I/we agree to the above statements.

AT _____ this _____ day of _____

Town/City *Date* *Month, Year*

_____ _____

Signature of Parent/Guardian *Signature of Witness*

_____ _____

Print Name *Print Name*