



### REGISTRATION PACKAGE 2017-2018

East Plains Co-operative Preschool is for children between the ages of 18 months to 2 ½ years (Toddler) and 31 months to 5 years (Preschool). We offer 2, 3, 4 or 5 Day Programs, Monday to Friday from 9:00 am - 11:30 am. We are a wheelchair accessible facility. Children at all levels of development are integrated and supported.

If you are interested in subsidy for tuition, please contact the registrar for more information. The Region of Halton can assess your family for qualification.

Children are not required to be potty trained for programs.

#### **2 Day Program** (Recommended for Toddlers)

\$160.00 per month - This program typically runs Monday/Wednesday OR Tuesday/Thursday 9-11:30 am. Days offered may change due to program availability.

#### **3 Day Program**

\$240.00 per month - This program typically runs Monday/Wednesday/Friday 9-11:30am. Days offered may change due to program availability.

#### **4 Day Program**

\$320.00 per month - This program typically runs Monday/Wednesday/Friday plus one of either Tuesday or Thursday 9-11:30am. Days offered may change due to program availability.

#### **5 Day Program**

\$400.00 per month - This program runs Monday to Friday 9-11:30am.

#### **School Capacity:**

Preschool age children: 13 to 16 spaces available (for children who will be 31 months at the time of registration).

Toddler age children: Up to 3 spaces available Monday/Wednesday AND Tuesday/Thursday (for children who will be 18 months to 2 ½ years at the time of registration).

#### **Required Parental Duties:**

- A cooperative job or executive position (see p.4)
- Attendance at all 3 of the General Meetings (typically held September, January and April)
- Participation in school fundraising initiatives and school functions (see examples below)
- Group Cleaning duties (executive members are exempt)

#### **Example School Fundraising Initiatives:**

- Events TBD (past examples include Live and Silent Auction in November and Garage Sale in May)
- Scholastic and other type of book orders
- Mabel's Labels (linked on our website)
- Fund Scripts
- Other forms of fundraising to be announced



### Instructions and Important Information

Please complete all of the following registration forms for each child you wish to enrol.

When completing the forms, please do not leave any fields blank. If a section is not applicable please fill in 'N/A'.

When requested, please provide complete contact information (including street numbers and postal codes).

In addition to the forms in this package, we ask that you submit 3 copies of a recent 4x6 photograph of your child. These photos are used to identify your child's cubby and to keep in their file and in our emergency binder so that children can be identified in case of emergency.

Proof of Immunization/Immunization Exemption Forms: If your child has been vaccinated, you will be asked to submit a copy of your child's yellow immunization card to the school in order to show that all vaccinations are up to date. Alternatively, if you have chosen to exempt your child from receiving vaccinations for either medical reasons or conscience or religious beliefs, you are required to submit the appropriate supplemental form (either the Statement of Medical Exemption or the Conscience or Religious Belief Affidavit) both to the school and to the Halton Region Health Department. Copies of these forms and further explanation of the process for their completion can be found on the Halton region website at:

<http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=140745>

If your child requires an EpiPen you are required to submit the Anaphylaxis Emergency Plan Form

A copy of this form and further information can be found on the Food Allergy Canada website at:

<http://foodallergycanada.ca/resources/emergency-forms/>

All completed forms, additional photos/documents required, and tests/proof of tests are to be submitted prior to your child starting school. Please give yourself plenty of time to complete the registration package and please submit it early enough that we can alert you to any missing information before your child is supposed to start school.

**Until the Registrar receives your completed registration package and the non-refundable deposit cheque of \$40, a child is not considered to be enrolled, regardless of whether the child was enrolled the previous year.**

Please use the attached Registration Package Checklist to verify that you have completed and submitted ALL the necessary components of the registration package.

Any questions regarding these forms can be addressed by emailing the Registrar at [registrar@eastplainspreschool.com](mailto:registrar@eastplainspreschool.com), or by calling the preschool at 905-681-0233, or by viewing our website, [www.eastplainspreschool.com](http://www.eastplainspreschool.com)



### REGISTRATION PACKAGE CHECKLIST

| Required Forms and Supplemental Information  | ✓                        |
|--|--------------------------|
| Personal Information Form (p.1)  | <input type="checkbox"/> |
| Communication Priority Form (p.1)  | <input type="checkbox"/> |
| Child Medical Information Form (p.2)   | <input type="checkbox"/> |
| <a href="#">Anaphylaxis Emergency Plan Form</a> (Only if applicable, found at <a href="http://foodallergyCanada.ca/resources/emergency-forms/">http://foodallergyCanada.ca/resources/emergency-forms/</a> )  | <input type="checkbox"/> |
| Topical Medication Form (Only if applicable, p.6)  | <input type="checkbox"/> |
| Photocopy of child's up-to-date yellow immunization record <b>OR</b> Appropriate Exemption Form ( <a href="#">Statement of Medical Exemption</a> <b>OR</b> <a href="#">Conscience or Religious Belief Affidavit</a> , found at <a href="http://www.halton.ca/cms/One.aspx?portalId=8310&amp;pageId=140745">http://www.halton.ca/cms/One.aspx?portalId=8310&amp;pageId=140745</a> ) | <input type="checkbox"/> |
| Emergency Contacts Form (p.2)  | <input type="checkbox"/> |
| Additional Contacts Form (p.2)   | <input type="checkbox"/> |
| Authorized Release Form (p.3)  | <input type="checkbox"/> |
| Behaviour Management Guidelines Form (p.3)   | <input type="checkbox"/> |
| Consent for Photography Form (p.3)   | <input type="checkbox"/> |
| Program Preference Form (p.4)  | <input type="checkbox"/> |
| Preschool Job Preferences Form (p.4)   | <input type="checkbox"/> |
| Responsibilities of Parents or Guardians Form (p.5)  | <input type="checkbox"/> |
| Advertising Survey Form (p.5)  | <input type="checkbox"/> |
| Three copies of a <u>recent</u> 4x6 photograph of your child, for identification in emergencies  | <input type="checkbox"/> |

| Financial Checklist   | ✓                                   |
|---|-------------------------------------|
| (Please make cheques payable to <b>East Plains Co-op Preschool</b> )  | <input checked="" type="checkbox"/> |
| Registration fee (non-refundable): \$40 (dated immediately)   | <input type="checkbox"/>            |
| First month's tuition (dated August 15, 2017)   | <input type="checkbox"/>            |
| Monthly tuition cheques: 9 cheques dated 1 <sup>st</sup> of the month October - June*<br>*You may apply a 10% discount to your tuition fee if you are enrolling more than one child | <input type="checkbox"/>            |
| Missed meeting/event cheques: 4 x \$40 cheques - two dated November 1, 2017, two dated March 1, 2018  | <input type="checkbox"/>            |



Please complete one set of forms for each child. ALL fields MUST be filled in. If something does not apply, please mark it with 'N/A', do not leave it blank.

| Personal Information Form            |  |
|--------------------------------------|--|
| Child's Full Name:                   |  |
| Prefers to be Called:                |  |
| Sex:                                 | Female <input type="checkbox"/> Male <input type="checkbox"/>  |
| Date of Birth:                       |  |
| Was child previously enrolled?:      | No <input type="checkbox"/> Yes <input type="checkbox"/> (please specify year(s) child was registered here) _____                          |
| Resides With:                        | Both Parents <input type="checkbox"/> One Parent <input type="checkbox"/> (please specify) Other <input type="checkbox"/> (please specify) |
| <b>Parent/Guardian #1 Full Name:</b> |  |
| Home Address:                        | Street # _____ Street _____ Apt # _____<br>City _____ Prov. _____ Postal Code _____  |
| Home Phone:                          |  |
| Cell Phone:                          |  |
| Email Address:                       |  |
| Name of Employer:                    |  |
| Address of Employer:                 | Street # _____ Street _____ Apt # _____<br>City _____ Prov. _____ Postal Code _____  |
| Business Telephone:                  |  |
| <b>Parent/Guardian #2 Full Name:</b> |  |
| Home Address:                        | <input type="checkbox"/> Same as above <b>OR</b><br>Street # _____ Street _____ Apt # _____<br>City _____ Prov. _____ Postal Code _____    |
| Home Phone:                          | <input type="checkbox"/> Same as above <b>OR</b> _____   |
| Cell Phone:                          |  |
| Email Address:                       |  |
| Name of Employer:                    |  |
| Address of Employer:                 | Street # _____ Street _____ Apt # _____<br>City _____ Prov. _____ Postal Code _____  |
| Business Telephone:                  |  |

| Communication Priority Form   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| Please indicate the contact details you wish to share with the general membership and please check a box to indicate which method of correspondence you prefer. |                                 |                                 |
| Contact name:   | Email: <input type="checkbox"/> | Phone: <input type="checkbox"/> |

|                 |   |             |                 |
|-----------------|---|-------------|-----------------|
| School Use Only | <b>Complete</b> registration package submitted: | Start Date: | Discharge Date: |
|-----------------|---|-------------|-----------------|



| Child Medical Information Form   |   |
|--|---|
| Child's Full Name:   |   |
| Physician's Name:  |   |
| Telephone:   |   |
| Address:   | Street # _____ Street _____ Apt # _____<br>City _____ Prov. _____ Postal Code _____ |
| <b>Does your child have any medical or health concerns:</b> (i.e. allergies, history of communicable illness, conditions requiring medical attention or additional information that could be helpful in an emergency)<br>No <input type="checkbox"/> Yes <input type="checkbox"/> (please specify) |   |
| Does your child have any restrictions for diet, exercise, or rest?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> (please specify)  |   |
| Does your child require an EpiPen?: No <input type="checkbox"/> Yes* <input type="checkbox"/>  |   |
| <b>*If yes, the <a href="#">Anaphylaxis Emergency Plan Form</a> also must be submitted prior to enrolment.</b>   |   |
| Are there additional professionals involved with your child?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> (please specify)  |   |
| Does your child require any topical creams/ointments (such as diaper cream, skin cream, chapstick or anything with a Drug Identification Number)?: No <input type="checkbox"/> Yes** <input type="checkbox"/>  |   |
| <b>**If yes, the Topical Medication Form also must be submitted prior to enrolment and the product must be submitted in its original packaging, clearly labelled with the child's name.</b>  |   |
| I acknowledge and understand that caregivers are to apply sunscreen themselves, prior to their child entering the program each day, during the appropriate seasons. <b>Initials:</b> _____   |   |

| Emergency Contacts Form  |   |
|--|---|
| Please list two people, <u>OTHER THAN</u> the two Parents/Guardians, who can be called to assume responsibility for the child in the event that parents/guardians are unavailable. |   |
| Emergency Contact #1   | Full Name: _____ Relationship to child: _____                                       |
| At least one of:   | Cell Phone: _____ Home Phone: _____   |
| Address:   | Street # _____ Street _____ Apt # _____<br>City _____ Prov. _____ Postal Code _____ |
| Emergency Contact #2   | Full Name: _____ Relationship to child: _____                                       |
| At least one of:   | Cell Phone: _____ Home Phone: _____   |
| Address: :   | Street # _____ Street _____ Apt # _____<br>City _____ Prov. _____ Postal Code _____ |

| Additional Contacts Form   |                  |                              |                              |
|--|------------------|------------------------------|------------------------------|
| If someone other than the parents/guardians or emergency contacts is to pick up your child the preschool MUST be notified or your child will not be released from the centre. Identification of the individual will be required. |                  |                              |                              |
| Do you wish your child to be released to anyone in addition to the parents/guardians and emergency contacts specified above? No <input type="checkbox"/> Yes <input type="checkbox"/> (please specify below)                     |                  |                              |                              |
| Additional Contact #1  | Full Name: _____ | Relationship to child: _____ | N/A <input type="checkbox"/> |
| Additional Contact #2  | Full Name: _____ | Relationship to child: _____ | N/A <input type="checkbox"/> |



**Authorized Release Form**

Please have BOTH parents/guardians read this release then print and sign their names below.

I agree to release care of my child to those listed as parents/guardians, as emergency contacts, and as additional contacts.

AND

I give the registered teachers of East Plains Co-op Preschool consent to take my child on supervised walks outside the classroom and within the community.

AND

I authorize the staff of East Plains Co-op Preschool to give permission for emergency treatment to be performed on my/our child in cases where the parent cannot be reached immediately and where delay, in the opinion of the medical staff, would be detrimental to the health of the child. Please note that every effort will be made to contact the parent(s)/guardian(s).

Parent/Guardian 1 Name: (print)

Parent/Guardian 1 Signature:

Date:

Parent/Guardian 2 Name: (print)

Parent/Guardian 2 Signature:

Date:

**Behaviour Management Guidelines Form**

The Child Care and Early Years Act states that:

- No physical punishment of any type is used at the school
- No child will be locked or confined
- No child will be deprived of their daily needs
- No harsh or degrading measures will be used
- Try not to embarrass, tease, ridicule, criticize or make comparisons
- Behaviour management of integrated children is the responsibility of the staff
- Please feel free to discuss any concerns with the teacher
- A child who is having difficulty should be redirected to another activity or area; choices of different activities can also be offered

**Initials:** \_\_\_\_\_

**Consent for Photography Form**

I do  **OR** do not  consent to photographs being taken of my child's activities at East Plains Co-op Preschool with the understanding that said photos may appear in forms such as displays within the classroom, on the 'Seesaw' school app, as well as to assist our teacher/supervisor with future certification requirements.

**Initials:** \_\_\_\_\_



| Program Preference Form   |                  |                          |
|---|------------------|--------------------------|
| Please check your preference for enrolment (Note that days offered may change due to program availability)  |                  |                          |
| <b>2 Day Program</b> (recommended for children 18 months to 2 ½ years)  | Monday/Wednesday | <input type="checkbox"/> |
|   | Tuesday/Thursday | <input type="checkbox"/> |
| <b>3 Day Program</b> (Monday/Wednesday/Friday)  |                  | <input type="checkbox"/> |
| <b>4 Day Program</b> (typically Monday/Wednesday/Friday plus one of either Tuesday or Thursday)   |                  | <input type="checkbox"/> |
| <b>5 Day Program</b> (Monday/Tuesday/Wednesday/Thursday/Friday)   |                  | <input type="checkbox"/> |
| <b>Comments</b> (e.g. specific days requested):   |                  |                          |
| Please indicate if you wish to be placed on a waitlist (if spaces are currently not available):    Yes <input type="checkbox"/> No <input type="checkbox"/> |                  |                          |

| Preschool Job Preferences Form   |   |
|--|---|
| <p><b>Executive Jobs:</b></p> <p><b>President</b> - Chair the Executive; liaise with parents; teacher &amp; program evaluation; oversee Parent Handbook &amp; School Policies; oversee general administration of the school</p> <p><b>Vice-President, Fundraising</b> - Steer Annual Live &amp; Silent Auction and Garage Sale; oversee other fundraising initiatives (Fund Scripts, Vesey's Bulbs, Mabel's Labels, Scholastic)</p> <p><b>Vice-President, Advertising</b> - Develop advertising and dissemination for school &amp; fundraising events; updates to website; maintain social media accounts</p> <p><b>Treasurer</b> - Payroll, deposits; budget, tax returns &amp; receipts; liaise with bookkeeper</p> <p><b>Secretary</b> - record minutes at all meetings; file corporate forms; create monthly toy cleaning &amp; snack schedule; disseminate monthly newsletters &amp; notifications to general membership</p> <p><b>Registrar</b> - Maintain registration database &amp; wait lists; respond to public inquiries &amp; give tours of school; file police checks &amp; immunization records</p> | <p><b>General Jobs:</b></p> <p><b>School Sign</b> -</p> <p><b>Special Occasions</b> (2 positions) - plan all aspects of Christmas Concert, Mother's Day Tea and End of Year Picnic</p> <p><b>Fundraising Assistant</b> (2 + positions) - assist the VP of Fundraising with fundraising initiatives</p> <p><b>School Supplies &amp; School Snack</b> - Source new items to be purchased for the school &amp; repairs as needed, purchase the weekly snack on behalf of the school</p> <p><b>Librarian &amp; Scholastics</b> - take books to and from library for Teacher; source books as directed by Teacher</p> <p><b>Playdough/Sewing/Laundry</b> - launder weekly any towels, rags, smocks, play clothes; mend any torn items; purchase ingredients or readymade Playdough as needed</p> <p><b>Teacher &amp; Registrar Assistant</b> - assist classroom Teacher and/or Registrar as directed (school tours, classroom organization)</p> <p><b>Administrative &amp; Inventory</b> (2 + positions) - organize school files, toys, equipment; record new acquisitions</p> |
| <p><b>Preschool job preferences</b> (list three in order of preference):</p> <p>1.</p> <p>2.</p> <p>3.</p>   |   |
| <p>Do you have any skills or experience that may be useful to the school? (i.e. marketing, photography, accounting, fundraising, carpentry, music, etc.)</p>   |   |
| <p><b>Depending on job availabilities, you may be requested to accept a job not listed in your preferences.</b></p>  |   |



### Responsibilities of Parents or Guardians Form

I understand that the responsibilities of all parents at East Plains Co-op Preschool include:

- Active participation in fundraising activities
- Performing an organizational or executive job within the co-operative (see p.4)
- Attendance at all scheduled General Meetings (usually 3 a year), Auction & Garage Sale
- Exhibition of a spirit of co-operation
- Providing a \$40 registration fee which is due with this application, currently dated and non-refundable. This will secure your child's enrolment. All cheques made payable to East Plains Co-op Preschool.
- Providing a post-dated cheque for August 15th, representing first month's tuition.
- Providing 9 post-dated cheques dated for the 1<sup>st</sup> of the month from October to June.
- Supplying 4 post-dated cheques (2 cheques for Nov. 1<sup>st</sup> & 2 cheques for Mar. 1<sup>st</sup>) in the amount of \$40 which will be cashed by the school as a penalty for each time a general meeting/mandatory school function, cleaning responsibility, co-op job obligation is missed.
- Where the parent desires to withdraw their child from a program, a written letter of withdrawal, giving 30-days notice, must be sent in duplicate to the President and the Registrar. Rebate of the remainder of fees will be made from the end of this notice. No rebate will be made, however, after March 31.
- Agreement to provide a Criminal Reference check, a copy of my up to date immunization record, TB skin test results and titer test results if I choose to volunteer in the classroom.

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

### Advertising Survey Form

How did you find out about us? (please check as many as apply):

- Sign in the community
- Past member family of the preschool
- Online search
- Other (please specify) \_\_\_\_\_





**Topical Medication Form**

If your child requires any topical creams/ointments (such as diaper cream, skin cream, chapstick or anything with a Drug Identification Number) this form must be submitted along with the product. The product must be submitted in its original packaging and must be labelled clearly with your child's name.

I (parent/guardian name) \_\_\_\_\_ hereby allow the staff at East Plains Co-op  
Preschool to administer the following product to

(child's name) \_\_\_\_\_ according to the directions specified below:

|  |  |
|--|--|
| Product Name:                          |  |
| Drug Identification<br>Number (D.I.N): |  |
| Expiry Date:                           |  |

Directions for use:

|   |                      |
|---|----------------------|
| _____<br><b>Parent/Guardian Signature</b> | _____<br><b>Date</b> |
|---|----------------------|