

Childs Name _____ Date Returned _____

2D 3D 5D

Checked by Teacher

Avon Co-operative Nursery School Toddler Registration Package For Children 18-30 months



- Check for Re-registration (returning child or returning family)

All re-registration packages are due March 9th, 2018.

- Check for new registration

New Registrations are due April 13th, 2018

If your registration package isn't received by the date it is due we will make the space available to the next in line.

Please return completed registration package to:

Avon Coop Registrar by email (please include your child's name in the subject line)

avoncoopregistrar@gmail.com

E-mail: avoncoopnursery@gmail.com

Website: www.avoncoop.com

Phone: 519 271 6400



AVON CO-OPERATIVE NURSERY SCHOOL

Our co-operative has a dual purpose: to promote greater understanding by the parents in matters related to early childhood education, and to provide an excellent first school experience for the children.

Art, music, stories and motor activities are designed to stimulate the pre-schooler's perceptual, intellectual and cognitive skills. The developing of the child's large and small motor skills are advanced through the use of a variety of educational materials. Program activities and materials are chosen to help develop a sense of personal well being by:

- Encouraging creative and imaginative play
- Promoting decision making abilities
- Encouraging sharing

Program related field trips to local community businesses and events, as well as visits by members of the community, are incorporated to broaden the child's understanding of his or her world. Outdoor play is integrated daily, weather permitting.

The teachers at Avon Co-op are Registered Early Childhood Educators, who are warm and loving, with a wealth of experience, both as teachers and parents.

Active parent participation is essential in managing a successful co-operative school. **All parents/members** provide a nutritious snack for their child's class on a rotating basis. **All parents/members** are required to actively participate on one committee per family enrolled. This school belongs to the parents of the children enrolled and is governed by an executive that was elected by members at a general meeting. **These are all volunteer positions.** The teaching staff is hired to carry out the organization and supervision of the daily program, but in order to run a successful pre-school we must all work together. We look forward to your involvement throughout the year to make nursery school a rewarding experience for you and your child.

FUNDRAISING

Avon Co-operative Nursery School Inc. is financially independent. All expenses are paid through tuition fees, fundraising events and provincial support. In order to keep tuition fees as low as possible, a series of fundraising campaigns will be run during the school year. Co-operative members must raise a minimum of \$150.00 in profits, (or \$200 per family for those with two or more children enrolled) during the 10-month school year (or \$15.00 (or \$20.00) per enrolled months).

***Please Note: Fundraising Fees are paid upfront by PAP or Cheque (depending on your chosen method of payment - see next page) on July 1, 2018.** As you raise money by participating in the fundraising campaigns, you will earn back your fundraising fee to a total of \$150 (\$200 for multiple child families) which will be paid out after all fundraising campaigns for the year have been completed.

SCHOOL HOURS

Our school operates weekday mornings, 8:00 a.m. to 12:00 noon, September through June. *School holidays and closures correspond with elementary school holidays and closures, with the exception of PA Days. The nursery school closes for one professional development day per school year.*

REGISTRATION FEE

A fee of \$75 is required when applying for entrance into the nursery school. A refund of \$25 will be made to each family that is represented at 2 out of 3 general meetings (which are held during the school year), and who fulfill all of their obligations to the school (snack, fundraising, and committee work - as outlined in the school's handbook Accountability Policy). The \$75 registration fee includes a \$50 administration fee that is NON-REFUNDABLE. All fees are subject to increase.

PRESCHOOL AND TODDLER PROGRAM FAMILIES

All spots at Avon Cooperative Nursery School are non-duty in nature.



REGISTRATION FORM

CHILD'S NAME: _____ **TODAY'S DATE** _____

BIRTH DATE (DD/MM/YYYY): _____

SEX: MALE FEMALE

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE NUMBER: _____ **WORK:** _____

OTHER PHONE: _____ **EMAIL:** _____

PARENTS NAMES _____

<input type="checkbox"/> Toddler 2 morning (Tues & Thurs)	<input type="checkbox"/> \$172
<input type="checkbox"/> Toddler 3 morning (Mon & Wed & Fri)	<input type="checkbox"/> \$256
<input type="checkbox"/> Toddler 5 morning (Mon to Fri)	<input type="checkbox"/> \$425

For multiple child families: A 10% discount can be taken from the tuition for the second child, and is applied to the lower fee for each additional child in the same family.

THE FOLLOWING MUST BE SUBMITTED TO THE NURSERY SCHOOL:

\$75 Registration fee (if not already submitted)

A signed copy of the Registration Contract Form (Page 12)

A signed copy of the Photo/Social Media Permission Form (Page 13)

2 Payment types are available: Pre-Authorized Payments *OR* Post-Dated Cheques
Please Select one type

If Paying by PRE-AUTHORIZED PAYMENTS

Fill out, sign, and return a copy of the *Pre-Authorized Payment Agreement Form* (Page 14)

Payment schedule is as follows: \$150 Fundraising fee (\$200 for multiple child families) withdrawn on July 1.
 Monthly tuition will be withdrawn on the 1st of each month from September through June.

If Paying by POST-DATED CHEQUES

\$150 Fundraising fee (\$200 for multiple child families) post-dated for July 1.

10 Post-dated cheques for the 1st of each month from September through June

How did you hear about us?

Special Community Events

Facebook/Social Media

Friends/Family

3

Newspaper

Events in our School

Other



CHILD'S HISTORY

CHILD'S NAME: _____ **TODAY'S DATE** _____

NAME USED: (e.g. Ella or Isabella) _____

BIRTH DATE (DD/MM/YYYY): _____

SEX: MALE FEMALE

Other Children in the Family:

Name: _____ **Age:** _____ **Relation:** _____ **Attended Avon:** _____

Name: _____ **Age:** _____ **Relation:** _____ **Attended Avon:** _____

Name: _____ **Age:** _____ **Relation:** _____ **Attended Avon:** _____

Name: _____ **Age:** _____ **Relation:** _____ **Attended Avon:** _____

Language(s) spoken in the home: _____

Has your child attended a pre-school program before? Yes No

If yes, where and for how long? _____

Are there any recent or upcoming changes that the teachers should be aware of for the next school year (i.e birth of new sibling, moving homes, new medical diagnosis, food allergies or restrictions)? _____

Special Needs and/or therapy must be fully disclosed upon application to the school. This allows us to determine whether we can meet the needs of the child as well as the needs of the other children in the program. It is not the school's responsibility to find or supply one-on-one support to meet individual "high needs."

If applicable, please check here to allow an Individual Support Plan (also known as a Family Service Plan) to be included in your child's file, to be in compliance with Ontario Regulation 137/15 CCEYA, Section 52.

In general, how does your child react to anxiety or stressful situations? Does he/she cry, withdraw, have tantrums? _____

Does your child leave you easily? Yes No

How does your child get along with other children? _____

Is there any other information that will help the staff with your child's adjustment to the Nursery School Program? _____



CHILD'S HEALTH INFORMATION

CHILD'S NAME: _____ **TODAY'S DATE** _____

BIRTH DATE (DD/MM/YYYY): _____

SEX: **MALE** **FEMALE**

Is your child receiving any regular medications? Yes No

If yes, please specify: _____

Does your child have allergies? Yes No

If yes, please specify and describe reaction: _____

In case of allergic reaction, what action, if any, should be taken by staff? _____

Is your child toilet trained? Yes No

Are there any health problems that may interfere with attendance or participation in activities at the nursery school? Yes No

If yes, please specify: _____

Has your child, or anyone in your family, been slow in learning to talk? Yes No

Does your child have a speech delay or any speech concerns? Yes No

Does your child get many ear infections? Yes No

Does anyone in your family have hearing problems? Yes No



IDENTIFICATION & EMERGENCY INFORMATION

CHILD'S NAME: _____ **TODAY'S DATE** _____

BIRTH DATE (DD/MM/YYYY): _____

SEX: MALE FEMALE

Does your child have allergies? Yes No

If yes, please specify and describe reaction: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE NUMBER: _____ **OTHER PHONE:** _____

Email Address: _____

Mother / Father / Guardian's Name _____

Address & Phone (if different than child's):

Street Address: _____

Phone: _____ Mobile: _____

Employer: _____ Phone: _____

Address: _____ Hours: _____

Mother / Father / Guardian's Name _____

Address & Phone (if different than child's):

Street Address: _____

Phone: _____ Mobile: _____

Employer: _____ Phone: _____

Address: _____ Hours: _____

Family Doctor: _____ Phone: _____

Address: _____



IDENTIFICATION & EMERGENCY INFORMATION (con't)

CHILD'S NAME: _____ **TODAY'S DATE** _____

BIRTH DATE (DD/MM/YYYY): _____

SEX: MALE FEMALE

**PEOPLE AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS
PLEASE SPECIFY RELATIONSHIP**

**UNDER NO CIRCUMSTANCES WILL A CHILD BE RELEASED TO A PERSON NOT
KNOWN TO THE SCHOOL WITHOUT AUTHORIZATION FROM THE CHILD'S
PARENTS OR GUARDIAN**

EMERGENCY CONTACT

Filling out this section is mandatory

Person to be contacted in case of any emergency, other than parents: (please be sure to include someone who will usually know your whereabouts and is local)

Name: _____ Phone: _____

Relation to child: _____



CHILD IMMUNIZATION INFORMATION

The following information is required by the Perth District Health Unit and must be complete with up-to-date immunization records prior to the first day of school.

CHILD'S NAME: _____ **TODAY'S DATE** _____

BIRTH DATE (DD/MM/YYYY): _____

SEX: MALE FEMALE

ADDRESS: _____

PHONE NUMBER: _____

Mother / Father / Guardians Full Name: _____

Mother / Father / Guardians Full Name: _____

Doctor's Name: _____ **Phone** _____

Child Immunization Requirements

Please attach to this form, **2 (two)** individual 8 ½ x 11 photocopies of your child's immunization record (i.e. yellow card). Please refer to the schedule on the next page to ensure your child's immunization card is up-to-date.

If your child is not immunized due to medical, conscience, or religious belief, you **MUST** complete **AND** have notarized, either the *Statement of Conscience or Religious Belief Form* or the *Statement of Medical Exemption Form*.

These can be found on our website www.avoncoop.com under the Register tab

OR

found on the Perth District Health Unit's website: <http://www.pdhu.on.ca/childcare-providers/immunization/>

This is a requirement of the Perth District Health Unit and the Ministry of Education under the CCEYA.



IMMUNIZATION POLICY FOR CHILDREN

IN PERTH COUNTY ATTENDING DAY NURSERIES

According to Ontario Regulation 137/15 under the Child Care and Early Years Act, Section 35 the operator of the day nursery must ensure that before admission, children are immunized as recommended by the Medical Officer of Health.

- Each child’s record is to be complete prior to admission.**
- Use these guidelines to assess the completeness of each child’s immunization history.
- Notify parents/guardians of any missing information
- Contact the Immunization PHN at 271-7600, ext 232, if you have any questions.

VACCINE REQUIRED	SCHEDULE
Diphtheria, pertussis, tetanus, polio and influenzae type b	Primary series of 3 does (usually given at 2, 4 and 6 months) Booster at 18 months Note – when oral polio vaccine (OPV) is used for primary series, the 6-month dose of polio vaccine is omitted.
Measles, mumps and rubella	One dose on or after the first birthday.

Exemptions:

1. Medical contraindications, if the physician provides reasons in writing.
2. Conscience or religious belief



COMMITTEES

PARENT'S NAME(S): _____

PREVIOUS COMMITTEES (Returning Families) _____

The following pages outline the objectives of each committee. All parents/members are required to actively participate on one committee per family enrolled. If you are unable to fulfill your scheduled committee work you must arrange your own replacement. The executive will be notified of any family not participating in committee work.

Please indicate your preference by filling in lines 1, 2, 3 & 4. Although we will try to accommodate your preference you may be **designated** to a committee, so please list lots of options and make mention of your limitations. (e.g. day/night/transportation/etc.) The number of members for committees requiring multiple members is a rough estimate; various factors affect these numbers each year.

COMMITTEE CHOICES:

1. _____
2. _____
3. _____
4. _____

Limitations: _____

Program Enrichment

Do you have contacts/ideas to expand our enrichment program with the children? i.e. drama, storytelling, community connections, music etc. Please list them and we will consider them for our program this year.

SCHEDULER – 1 member

The Scheduler shall provide monthly snack schedules to all families by the beginning of the third week of each month. They shall also schedule the schedule for the Classroom Help Committee

PROGRAM – 3 members

This committee will organize the Scholastic book orders and the yearly scrapbook with direction from the teachers. The committee may be asked to assist with posters or newsletters as required. Time commitment varies due to program.

RESOURCE – 1 members

This committee involves assisting with supplies and requires purchasing the day-to-day supplies and program aids needed by the school. Direction will come from the teachers. Time commitment is as requested by the teachers.

LAUNDRY – 4 or 5 members

This committee is responsible for washing the towels. The laundry is to be picked up on Friday and returned Mondays folded and put in the cupboard. This would be easier for a 3 or 5 morning family. Time commitment is 1 week per month on a rotation.

SOCIAL – 4 members

This committee is responsible for organizing the seating and refreshments and clean up for the Christmas Party, graduation and 3 general meetings. **Requires day and evening participation.**

TOY WASHING – 12 to 16 members (4 groups)

This committee is responsible for the cleaning and disinfecting of toys and equipment. This committee is split into 4 groups that each meet on Tuesdays. The 4 groups will rotate each week. Time commitment is a couple of hours per month.

PLAYGROUND/WOODWORKING - 2 members

This committee is responsible for keeping the climber, fence, and yard, clean and in good repair in both the preschool and toddler areas. This committee is also responsible for creating new and repairing old equipment, toys and furniture (it may also require some sewing). Time commitment as required.

COMMUNITY EVENTS, ADVERTISING & PROMOTION – 6 members

This committee is responsible for organizing school participation in community events, as well as working with our community partners to host events for our community (e.g. Monster Mash, Love In, Community Garage Sale etc.)

FUNDRAISING – 8 members

This committee is responsible for distributing information and products for approximately 4-5 fundraisers per school year as well as other fundraising endeavors. **Members of this committee must be available for morning participation, as that is when orders are sorted for pick-up.**

CLASSROOM HELP – 8 to 10 members

This committee provides help within the school on a rotating basis. A schedule will be provided by the beginning of the third week of each month. **People on this committee must provide a copy of your Immunization Record and a Criminal Reference Check with Vulnerable Sector.** Upon learning that you have been placed on this committee, you should visit your local police station to start this process. The cost is approximately \$25.



REGISTRATION CONTRACT

*** Please print and sign this registration contract and return to the Nursery School along with your payment***

1. If a family attends 2 out of 3 general meetings during the school year, \$25 will be refunded at the end of the school year (if all payments, snack, committee work, and fundraising obligations have been met).
2. Each family shall become familiar with the school's policies as outlined in the handbook provided on the website or by request.
3. Each family must honour their financial obligations to the school as outlined in the registration documentation in the parent handbook. There will be a charge of \$30 for any NSF cheques.
4. Each family is required to participate on one committee or act as a member of the executive. If you are unable to fulfill the duties of the committee, then it is your responsibility to find a replacement person for the committee duty. Failure to comply with the committee's expectations may result in a fine of \$75.00. Subsequent infractions will result in discussion of further consequences with the executive officers of Avon Co-operative Nursery School.
5. Each family must respect the privacy of all information regarding any member of the Nursery School.

I DECLARE THAT I HAVE READ THIS AGREEMENT AND WILL FULFILL MY OBLIGATIONS.

IF I DO NOT COMPLY WITH THE RULES AND REGULATIONS OF THE AVON CO-OPERATIVE NURSERY SCHOOL, AS OUTLINED IN THE REGISTRATION CONTRACT AND THE PARENT HANDBOOK, MEMBERSHIP WILL BE REVOKED!

Child's Name _____

Parent's Signature _____ Date _____

Registrar's Signature _____ Date _____

Please sign and return in duplicate.

WITHDRAWAL POLICY

Withdrawal form will be in your school handbook, which you will receive in August.

The AVON CO-OPERATIVE NURSERY SCHOOL requires written notice to be received by the registrar no less than 30 days prior to the first day of the month of withdrawal. If such notice is not given and the child is withdrawn, one full month's payments will be forfeited. Families are also responsible for covering Fundraising dollars (\$150.00 maximum or \$15/month per family). All remaining cheques will be returned.



PHOTO/SOCIAL MEDIA PERMISSION FORM

*** Please print and sign this form and return to the Nursery School along with your payment***

CHILD'S NAME: _____

BIRTH DATE (DD/MM/YYYY): _____

SEX: **MALE** **FEMALE**

WALK PERMISSION

I give my permission for my child (named above) to participate in walks around the neighbourhood during regular nursery school hours during the school year.

Parent's Signature: _____ Date: _____

PHOTO & SOCIAL MEDIA POLICY

In order to promote and market our school, we have established Social Media (Facebook) campaigns, in addition to newspaper advertising and postings at school. As social media is a web-based application, we require parental advisement and consent in order to use images and likenesses of the children at play, during school sponsored events (both in and out of the classroom) and on field trips. No names or identifying captions will be used. If at any time you would like to opt your family out of this campaign or would like photos removed from the Facebook page or website, please notify our School Administrator or any Executive Board Member.

PHOTO & SOCIAL MEDIA PERMISSION

Occasionally, we have local newspapers visit us for special days and events. Pictures will appear in the newspaper, on their website, and/or on their Facebook page from time to time. Newspaper pieces will sometimes contain identifying information, such as the child's name and age. If posted on the newspaper's Facebook page, we share it on our own Facebook page.

We post weekly photo albums on our own Facebook page. These photographs never contain identifying information.

We also have a website which contains pictures. These photographs also never contain any identifying information.

Yes, I will allow my child's photograph to be taken for any of the above scenarios.

No, I do not want my child's photograph to be taken for any of the above scenarios.

Parent's Signature: _____ Date: _____



PRE AUTHORIZED PAYMENT (PAP) FORM

If you choose to participate in the Pre Authorized Payment (PAP) program and have tuition payments withdrawn directly from your bank account, you must fill out the authorization form below and attach either a "Void" cheque, or a "Pre-Authorization Form" provided by your bank.

This agreement will remain in place for one school year; this agreement terminates on June 30th. It does not automatically carry forward. You must enroll in the PAP program separately for each school year.

1 Payment of \$150 (\$200 for multi-child families) will be withdrawn from your bank account on July 1st which covers the Fundraising fee.

10 equal payments will be withdrawn from your bank account on the 1st of each month (September, October, November, December, January, February, March, April, May and June).

Avon Co-Operative Nursery School must be notified **IN WRITING** within 10 days of any changes to the bank account being used for the PAP program, or for cancellation of PA payments.

Cancellation of PA payments does not mean that contractual obligations with Avon Co-Operative Nursery School have ended.

There is a \$30.00 charge for NSF payments.

Authorization Form

Child's Name: _____

Parent(s) Name(s): _____

Banking Information

Name(s) on Bank Account: _____

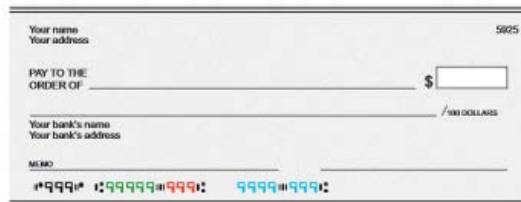
Name of Bank: _____

Address of Bank: _____

Transit #: _____

Bank #: _____

Account #: _____



I Authorize Avon Co-Operative Nursery School to debit my/our account for all payments. Each month shall be considered the same as if I/we had personally issued a cheque, unless written notification has been provided regarding changes to banking information or the cancellation of PA payments.

Signature: _____

Signature: _____

Date: _____

