



# Avon Co-operative Nursery School

## REGISTRATION PACKAGE

Toddler (age 18 - 30 months)	Preschool (age 30 months - 5 years)	2	3	5
Returning Child	Returning Family	NEW to Avon Co-op		

### **\*Completed Registration Packages are due at time of Registration\***

Your Registration is NOT Guaranteed until your Completed Registration Package and Payment are Received. Please send your completed registration package to [avoncoopnursery@gmail.com](mailto:avoncoopnursery@gmail.com). Please include your child's name in the subject line. Or return a printed copy to the Nursery School.

### **2 PAYMENT TYPE ARE AVAILABLE (PLEASE SELECT ONE TYPE):**

#### **Pre-Authorized Payments:**

Fill out, sign, and return a copy of the Pre-Authorized Payment Agreement Form (Page 8)  
Payment Schedule is as follows:

- \* September Tuition withdrawn on July 1.
- \* \$150 Fundraising fee (\$200 for multiple child families) withdrawn on September 1
- \* Monthly tuition withdrawn on the 1st of each month October 1 - June 1
- \* Snack Fees withdrawn on the 20th of each month September 20 - June 20 *\*See specific amounts on page 2*

#### **Post-Dated Cheques:**

- \* 1 Post-dated tuition cheque dated July 1 for September Tuition.
- \* \$150 Fundraising fee (\$200 for multiple child families) post-dated for September 1.
- \* 9 Post-dated cheques dated for the 1st of each month from October through June
- \* 10 Post-dated cheques dated for the 20th of each month from September - June for snack fees *\*See specific amounts on page 2*

#### **FOR OFFICE USE ONLY**

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Checked by Teacher

## ABOUT 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 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/guardians** provide a nutritious snack for their child's class on a rotating basis.

**All parents/guardians** are required to actively participate on one committee per family enrolled. This school belongs to the parents/guardians of the children enrolled and is governed by a Board of Directors 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 preschool 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 in profits, (or \$200 per family for those with two or more children enrolled) during the 10-month school year (or \$15 (or \$20) per enrolled months).

***\*Please Note:** Fundraising Fees are paid upfront by PAP or Cheque on Sept. 1, 2021. 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. Should you withdraw from the program before the completion of the school year, you shall only be eligible to receive a refund for the amount that you have fundraised at the date of withdrawal. The remaining funds shall be retained by Avon Co-operative Nursery School.*

## SCHOOL HOURS

Our school operates weekday mornings, 8 a.m. to 12 noon, September through June. School holidays and closures correspond with elementary school holidays and closures, with the exception of PA Days.

## PAYMENT SCHEDULE

1. \$75 Registration Fee: Due at time of Registration. 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 remaining \$50 is an Administration Fee that is NON-REFUNDABLE.
2. September 2021 Tuition Payment: Will be paid by PAP (or by cheque) on July 1, 2021. Please see next page for the amount specific to your chosen program.
3. Fundraising Fee: Will be paid by PAP (or by cheque) on Sept. 1, 2021. *See Above*
4. October 1st - June 1st: Tuition will be paid by PAP (or by cheque) on the First Day of Each Month
5. September 20th - June 20th: Snack fees will be paid by PAP (or by cheque) on the 20th Day of Each Month  
Snack Fees are:
  - \$35/Month for the M-F Program
  - \$22/Month for the MWF Program
  - \$15 /Month for the T/Th Program

Please see Page 8 (PAP Authorization) for more details about Snack Fees

**NOTE: One month's notice is required for withdrawal or that month's tuition will be forfeited.**

**REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_ COMMON NAME USED: \_\_\_\_\_

BIRTH DATE (DD/MM/YYYY): \_\_\_\_\_ GENDER: MALE FEMALE

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENTS/GUARDIAN NAMES: \_\_\_\_\_

Please select which program mornings you would like to enrol your child in:

\$183 - Tuesday &amp; Thursday

\$272 - Monday, Wednesday &amp; Friday

\$453 - Monday to Friday

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.

Other Children in the Family:

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, etc.)

*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 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.

Please provide a general description of your child and his/her temperament:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION**

Is your child receiving any regular medications?      Yes      No

If yes, please specify: \_\_\_\_\_

*If yes, you will be provided with additional forms to complete.*

Does your child have allergies?      Yes      No

If yes, please specify and describe the reaction:

\_\_\_\_\_  
*If yes, you will be provided with additional forms to complete.*

Does your child have any food restrictions?      Yes      No

If yes, please specify and provide details:

\_\_\_\_\_  
 Yes      No      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?

**PROGRAM ENRICHMENT**

Do you have contacts/ideas to expand our enrichment program with the children? (i.e. drama, storytelling, community connections, music etc.) If yes, please specify and we'll consider them for our program this year:

\_\_\_\_\_  
 \_\_\_\_\_

**WALK PERMISSION**

Yes      No      I give permission for my child to go on neighbourhood walks during regular pre-school hours.

**SOCIAL MEDIA**

In order to promote/market our school, we have established Social Media (Facebook & Instagram) campaigns, in addition to newspaper advertising and postings at the school. As social media platforms are web-based applications, we require parental advisement and consent in order to use images and likenesses of the children at play, during in/out of the classroom school sponsored events and field trips. We post weekly photo albums to our Facebook page, as well photos may appear on Instagram and/or on our website. No names or identifying captions will be used. Occasionally, we have local newspapers visit us for special events. Pictures may appear in the newspaper, on their website, and/or on their Facebook pages or other Social Media pages from time to time. Newspaper pieces may sometimes contain identifying information, such as the child's name and age. If posted on their Facebook page, we will share it on our Facebook page. If at anytime 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 Director.

Yes      No      I will allow my child's photograph to be taken for any of the above scenarios.

# IDENTIFICATION & EMERGENCY FORM

CHILD'S NAME: \_\_\_\_\_ COMMON NAME USED: \_\_\_\_\_

BIRTH DATE (DD/MM/YYYY): \_\_\_\_\_ GENDER: MALE FEMALE

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ DR PHONE: \_\_\_\_\_

DR ADDRESS: \_\_\_\_\_

Does your child have allergies? Yes No

If yes, please describe & include reaction: \_\_\_\_\_

Are there any health problems that may interfere with participation in the program? Yes No

If yes, please describe: \_\_\_\_\_

Does your child have a medical condition? Yes No

If yes, please describe: \_\_\_\_\_

Is there a Custody Order in place? Yes No **If yes, please provide a copy with this form.**

## PARENT / GUARDIAN CONTACT INFORMATION

#1 NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

HOME ADDRESS (complete only if different than child's): \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

#2 NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

HOME ADDRESS (complete only if different than child's): \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

## MANDATORY EMERGENCY CONTACT INFORMATION

Someone local to be contacted in case of any emergency, *other than parents* and will usually know your whereabouts.

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

## CHILD PICK UP

Please specify anyone other than parent/guardian(s) **and their relationship to the child** who is authorized to pick up from Avon Co-operative Nursery School. **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.**

## CHILD IMMUNIZATION REQUIREMENTS

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 IMMUNIZATION REQUIREMENTS

Please provide a copy of your child's immunization record (i.e. yellow card). Please refer to the schedule below 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](http://www.avoncoop.com) under the Registration 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 ATTENDING LICENSED CHILD CARE IN PERTH COUNTY

According to Ontario Regulation 137/15 under the Child Care and Early Years Act, Section 35 the operator of the child care centre 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.
- Contact the Immunization PHN at 271-7600, ext 232, if you have any questions.

VACCINE REQUIRED	SCHEDULE
Diphtheria, pertussis, tetanus, polio and Haemophilus influenzae type b (Pediaceel)	<ul style="list-style-type: none"> <li>• Primary series of three doses (usually given at two, four and six months)</li> <li>• Booster at 18 months</li> </ul>
Pneumococcal Conjugate (Pevnar 13)	Primary series of three doses usually given at two, four and 12 months
Measles, mumps, rubella (MMR)	<ul style="list-style-type: none"> <li>• One dose on or after the first birthday</li> <li>• Second dose at least four weeks after the first dose, and before school entry (recommended at four to six yrs old)</li> </ul>
Meningococcal conjugate - C	<ul style="list-style-type: none"> <li>• One dose after the first birthday</li> </ul>
Varicella (chickenbox)	<ul style="list-style-type: none"> <li>• Two doses required for anyone born on or after January 1st, 2010               <ul style="list-style-type: none"> <li>• One dose after the first birthday</li> <li>• Second dose at least three months after first and before school entry</li> </ul> </li> <li>Or               <ul style="list-style-type: none"> <li>• Bloodwork showing immunity</li> </ul> </li> </ul>
Diphtheria, pertussis, tetanus, polio (Adacel-Polio)	<ul style="list-style-type: none"> <li>• One dose given at four to six years</li> </ul>

## COMMITTEES

CHILD'S NAME: \_\_\_\_\_

PARENTS/GUARDIANS NAME: \_\_\_\_\_

PREVIOUS COMMITTEE(S) (Returning Families): \_\_\_\_\_

The following outlines 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. **A \$150 fee will be applied to anyone who doesn't complete their assigned 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 another committee, so list lots of options and make mention of your limitations. (e.g. day/night preferences/transportation) The number of members (indicated beside the committee name) is a rough estimate; various factors affect these numbers each year.

COMMITTEE PREFERRED CHOICES:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Limitations: \_\_\_\_\_

**SCHEDULER** (x 1 - 4): The Scheduler shall provide monthly snack schedules to all families by the beginning of the third week of each month.

**PROGRAM** (x 2-3): This committee will organize the Scholastic book orders and the yearly scrapbook with direction from the teachers. Time commitment varies due to program.

**RESOURCE** (x 1-3): This committee involves purchasing the day-to-day program supplies needed by the school. A list will be provided typically bi-weekly.

**LAUNDRY, if applicable** (x 4-5): 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, if applicable** (x 4-6): This committee is responsible for organizing the seating, refreshments and clean up for the Christmas Party, graduation and 3 general meetings. Requires day and evening participation.

**TOY WASHING, if applicable** (x 16-20 members of 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 Tuesday evenings. The 4 groups will rotate each week. Time commitment is a couple of hours per month.

**PLAYGROUND/WOODWORKING** (x 1-2): 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, if applicable** (x 8-10): 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. National Child Day, Soup's On, Movie Night, etc.)

**FUNDRAISING** (x 8-10): This committee is responsible for distributing products for the annual fundraisers as well as other fundraising endeavours. Members of this committee must be available for morning participation, as that is when orders are sorted for pick-up.

**CLASSROOM HELP, if applicable** (x 8-10): 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 Criminal Reference Check with Vulnerable Sector (\$25). Upon learning that you have been placed on this committee, you should visit your local police station to start this process.

# 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 U lca UJW`m WffmZfk UFX`Mi `a i ghYbfc`]b`h YD5Ddfc[ fUa `gYdUFUymZcf`YUW`gWcc`mUF`"

Tuition Payment: Will be paid by PAP (or by cheque) on July 1, 2021

Fundraising Fee: Will be paid by PAP (or by cheque) on Sept. 1, 2021

Snack Fees: Will be paid by PAP (or by cheque) on the 20th of each month. Snack Fees are as follows:

- \$35/Month for the M-F Program
- \$22/Month for the MWF Program
- \$15 /Month for the T/Th Program

**Please Note:** ACNS families previously provided a physical snack on a rotating basis. Due to Covid-19 restrictions, we are no longer able to have parent-provided snack come into the school. As an alternative, we are charging set fees to provide snack for the children. When we are able to return to Parent Provided snack, these fees will cease. This will be communicated in advance of any change. Thank you for your understanding.

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.

## Authorization Form

CHILD'S NAME: \_\_\_\_\_

PARENT(S)/GUARDIAN(S) NAME: \_\_\_\_\_

PROGRAM DAYS:                      Tues/Thurs                      Mon/Wed/Fri                      Mon - Fri

### Banking Information

NAME(S) ON BANK ACCOUNT: \_\_\_\_\_

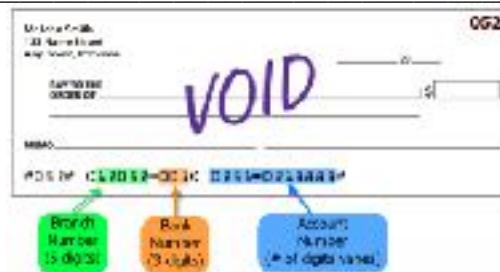
NAME OF BANK: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BRANCH / 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: \_\_\_\_\_



## REGISTRATION CONTRACT

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 must 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 Board of Directors. 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 \$150.00. Subsequent infractions will result in discussion of further consequences with the executive officers of ACNS.
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: \_\_\_\_\_

## WITHDRAWAL POLICY

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. Fundraising amounts shall be refunded that have been raised to the date of withdrawal (up to \$150 (or \$200 for multi-child families)). Any remaining fundraising fees shall be retained by the school.

How did you hear about us: \_\_\_\_\_