

Avon Co-operative Nursery School Registration Package 2026/2027



Please check all that apply:

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

Your registration is not guaranteed until your completed registration package and payment are received

School hours are 8:00 AM- 12:00 PM Monday-Friday, September through June. School holidays and closures correspond with elementary school holidays and closures, with the exception of PD Days.

For office use only:

Admission Date: _____ Discharge Date: _____

Child's Name: _____ Date Package Returned: _____

Parent Checklist

- Registration Options and Fees
- Parental Consent Form
- Registration Form
- Identification & Emergency Form
- Health & Immunization Form
- Fundraising & Committee Form
- Registration Contract



Please make sure this checklist is completed before submitting your registration package.

Registration Options and Fees

Toddler: 18 months- 30 months

8:00 AM- 12:00 PM

- 2 days per week (Tues & Thurs) \$116.71/monthly
- 3 days per week (Mon, Wed, Friday) \$158.09/monthly
- 5 days per week (Mon-Fri) \$252.55/monthly

Preschool: 30 months- 5 years

8:00 AM- 12:00 PM

- 2 days per week (Tues & Thurs) \$116.71/monthly
- 3 days per week (Mon, Wed, Fri) \$158.09/monthly
- 5 days per week (Mon-Fri) \$252.55/monthly

Payment Schedule/Payment options (please select one):

Pre-authorized Payments:

Return the signed PAD agreement form (found separately from this package)

Payment schedule is as follows:

- ❖ September tuition withdrawn on July 1st
- ❖ \$125 fundraising fee withdrawn on July 1st.
- ❖ Monthly tuition withdrawn on the 1st of each month October 1st- June 1st.

Post-Dated Cheques:

- ❖ 1 Post-dated cheque dated July 1st for September tuition.
- ❖ \$125 fundraising fee post-dated for July 1st.
- ❖ 9 Post-dated cheques dated for the 1st of each month from October through June.

Additionally, a \$50 registration fee will be due at time of registration. A refund of \$25 will be made to each family that is represented at the committee meeting in September as well as, one or both of the general meetings through the school year. The remaining \$25 is non-refundable.

PARENTAL CONSENT FORM

Photo & Media Consent

Avon Co-Operative Nursery School uses social media, our website, and local newspapers to promote school programs and events. Photos of children may be taken in the classroom, outdoors, at special events, or on field trips.

Images may be shared on Facebook, Instagram, the school website, and in local newspapers (including their websites and social media platforms). The school will not post names or identifying information on its own platforms. Newspapers may occasionally include a child's first name and age.

Consent is voluntary and may be withdrawn at any time by notifying the Director. Requests to remove photos will be honored where possible.

Do you give permission for your child's photo and/or likeness to be used as described above?

- YES
- NO

Parent/guardian signature: _____

Walk Permission

Sometimes the educators take the children for a walk around the neighborhood to do something fun and different than the usual day. The children walk with a safety rope, and with one teacher at either end of the line.

Do you give consent for your child to go on neighborhood walks during regular pre-school hours? (Please check one):

- Yes
- No

Parent/guardian signature: _____

REGISTRATION FORM

FIRST NAME: _____ LAST NAME: _____ PREFERRED NAME: _____
BIRTHDATE: ____//____//____ PARENT/GUARDIAN(S) NAME: _____
PRIMARY ADDRESS: _____
POSTAL CODE: _____ PRIMARY PHONE: _____ WORK PHONE: _____
PREFERRED EMAIL(S) FOR WEEKLY SCHOOL CORRESPONDENCE:

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

- 2 Day (Tues & Thurs) \$116.71/monthly
- 3 Day (Mon, Wed, Fri) \$158.09/monthly
- 5 Day (Mon-Fri) \$252.55/monthly

For multiple child families, a 10% discount is taken from the second child's tuition, and is applied to the lower fee for each additional child in the same family.

ABOUT ME

Other children in the family:

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Language(s) spoken in the home: _____

Has your child attended a pre-school program before? (Please check one) ____ Yes ____ No

If yes, where and for how long? _____

Are there any recent or upcoming changes that the educators should be aware of? (ie: 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.

____ 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 their temperament

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

IDENTIFICATION & EMERGENCY FORM

CHILD'S NAME: _____ BIRTH DATE (DD//MM//YY): _____//_____//_____

HOME ADDRESS: _____ CITY: _____

POSTAL CODE: _____ EMAIL: _____

FAMILY DOCTOR: _____ DR PHONE: _____

DOCTOR ADDRESS: _____

Does your child have a life-threatening allergy (e.g. anaphylactic to peanuts, bee stings etc.)?

Yes

No

If yes, please describe: _____

***If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the school prior to the child's start date.*

Does your child have any non-life-threatening allergies, sensitivities, dietary restrictions, or food preferences (including those related to religious or cultural beliefs), including allergies to substances such as latex?

Yes

No

If yes, please provide a list of restricted products, what the child is allergic to (if applicable), any relevant details, symptoms of a reaction and treatment required:

Does your child have a medical condition?

Yes

No

If yes, please describe: _____

Are there any health problems that may interfere with attendance or participation at the nursery school? (If yes, please describe): _____

Is there a custody order in place? (If yes, please provide a copy with this form).

Yes

No

Cultural Celebrations

At our nursery school, we welcome opportunities to learn about and acknowledge special holidays and cultural celebrations that are meaningful to families. Please share any cultural holidays your family celebrates and let us know how they are traditionally observed. With your input, we will do our best to thoughtfully incorporate learning experiences into our program.

Does your family celebrate any special cultural holidays? Yes No

If yes, please describe the holiday(s) below and how they are celebrated:

PARENT/GUARDIAN CONTACT INFORMATION

#1 NAME: _____ RELATIONSHIP TO CHILD: _____
 PRIMARY PHONE: _____
 HOME ADDRESS (complete only if different from child's):
 _____ CITY: _____ POSTAL CODE: _____
 EMPLOYER: _____ WORK PHONE: _____

#2 NAME: _____ RELATIONSHIP TO CHILD: _____
 PRIMARY PHONE: _____
 HOME ADDRESS (if different from child):
 _____ CITY: _____ POSTAL CODE: _____
 EMPLOYER: _____ WORK PHONE: _____

Emergency Contacts

Please provide two local emergency contacts, **other than the child's parents/guardians**, who can be reached in case of an emergency. **Emergency contacts MUST be at least 18 years old and able to pick up your child if needed.**

NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE: _____
 NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE: _____

Authorized to pick-up child

Anyone other than the parent(s)/guardian(s) who is authorized to pick up from nursery school. **Under no circumstances will a child be released to a person not known to the school without authorization from the child's parent/guardian(s). Photo ID of the authorized person will be required to be shown upon pickup. Persons authorized for picking up children MUST be 18 years or older.**

NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE: _____
 NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE: _____
 NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE: _____
 NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE: _____

For Administrative Use Only:	
Social media: <input type="checkbox"/> Yes <input type="checkbox"/> No	Walk Permission: <input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH & IMMUNIZATION INFORMATION

Is your child receiving any regular medications? (please circle one) Yes No

If yes, please specify: _____

If yes, you will be provided with additional forms to complete if medication will be administered during program hours.

Please circle yes or no to the following:

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?

IMMUNIZATION REQUIREMENTS

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

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 beliefs, 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 Registration tab OR found on the Huron Perth Public Health website: <https://www.hpph.ca/en/health-matters/immunization-exemptions.aspx>

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 Centre 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 completed 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

Diphtheria, Pertussis, Tetanus, Polio, and Haemophilus Influenzae type b (Pediace)l

Pneumococcal Conjugate (Pevnar 13)

Measles, Mumps, Rubella (MMR)

Meningococcal Conjugate - C

Varicella (Chickenpox)

Diphtheria, Pertussis, Tetanus, Polio (Adacel-Polio)

SCHEDULE

-Primary series of 3 doses (usually given at 2, 4 and 6 months).
Booster at 18 months.

-Primary series of 3 doses usually given at 2, 4 and

-One dose on or after first birthday
-Second dose at least 4 weeks after the first dose, and before school entry (recommended at 4-6 years).

-One dose after first birthday

-2 doses required for anyone born on or after January 1st, 2010.
-One dose after first birthday,
-Second dose at least 3 months after first and before school entry.
OR with blood work showing immunity.
- One dose given at 4-6 years.

FUNDRAISING & COMMITTEE FORM

FUNDRAISING

Avon Co-operative Nursery School Inc. is financially independent. Expenses are paid through tuition fees, fundraising 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. All families are expected to participate with fundraising.

COMMITTEES

The following outlines the objectives of each committee. All parents/members are required to actively participate on one committee per family enrolled.

WEBSITE/SCRAPBOOK (x 1): This committee will maintain our school website as well as, organize and create a digital scrapbook for the year, with direction from the teachers. Time commitment varies due to the program.

LAUNDRY (x 4-5): This committee is responsible for washing the towels and play clothes.. The Laundry is to be picked up on Friday and returned on Monday 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.

TOY WASHING (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 Thursday evening. The 4 groups will rotate each week. Time commitment is a couple hours per month.

PLAYGROUND (x 2): This committee is responsible for keeping the climber, fence, and yard clean and in good repair in both the preschool and toddler areas. Time commitment as required. **MUST BE 5 DAY FAMILIES.**

COMMUNITY ENGAGEMENT (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 10 - 20): 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 the orders are sorted for pick-up.

GROCERY (x 4-9): members are responsible for picking up the groceries twice a week and deliver to the school Monday and Wednesday mornings by 8:30 am. This would be easier for a 3 or 5 morning family. Time commitment is once per month on rotation.

Please indicate your committee preferences below. Although we will try to accommodate your preference, you may be placed on a different committee depending on where you are most needed. Please list limitations (e.g. time of day, transportation etc.).

CHILD'S NAME: _____ PARENT/GUARDIAN(S) NAME: _____

COMMITTEE PREFERENCES:

1) _____ 2) _____

3) _____ 4) _____

LIMITATIONS:

REGISTRATION CONTRACT

- 1) Co-operative members must raise a minimum of \$125 during the 10 month school year.

**Please Note: If the goal is met, you will earn back your fundraising fee to a total of \$125 which will be paid out at the end of the school year. Should you withdraw from the program before the completion of the school year, you will 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.*

- 2) If a family attends the committee meeting in September AND at least one of the general meetings held during the school year, \$25 will be refunded at the end of the school year.
- 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 charges.**
- 4) Each family is required to participate on one committee. 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.**
- 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 Avon Co-operative Nursery School, as outlined in the Registration Package and the Parent Handbook, membership will be revoked.

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 payment will be forfeited. Fundraising amounts that have been raised (up to \$125) will be refunded to the date of withdrawal.

Child's Name: _____

Parent/Guardian(s) Signature: _____

Registrar's Signature: _____

COMMITTEE AGREEMENT FORM

At Avon Co-operative Nursery School, each family is required to participate on 1 committee or act as a member of the Board of Directors.

Each committee requires complete participation for each assigned task. If you are unable to attend your scheduled times, it is your responsibility to find a replacement (i.e. a family member) to take your place.

Each committee is assigned a chairperson who is responsible for reporting committee attendance updates throughout the year to the Parent/Teacher Liaison.

Failure to meet your committee's expectations will result in a \$150 fine at the end of the year, as outlined in the school's handbook.

***Committee assignments are subject to change.**

I have read the Committee Agreement Form and am in agreement that I must meet the committee commitment for the year, or I will be subject to a \$150 fine.

Parent(s) name(s)

Child(rens) name(s)

Signature

Authorization for Non-Prescription Skin Products

Created: July 2019 Implemented: September 2019 Revised: March 2026

Child's Full Legal Name: _____

Date of Birth (dd/mm/yyyy): _____

Staff may occasionally apply hand sanitizer (minimum 70% alcohol content) when soap and water are not readily available (e.g., while outdoors on the playground).

Do you give consent for the use of hand sanitizer on your child? Yes No

Important:

- Please note that sunscreen and insect repellent are **generally not applied by staff at nursery school**. If needed, we encourage that these products be applied to your child prior to arrival.

If provided, the following non-prescription products may be applied to my child by staff, in accordance with the manufacturer's instructions on the original container (e.g. Diaper cream/ointment, Lotions, Lip balm, Sunscreen, Insect repellent):

Parent/Guardian will provide the following products (please include brand name and product type, one per line please)

For safety and transparency, all products must be clearly labeled with your child's name and remain in their original container.:

Date (dd/mm/yyyy)

Parent/Guardian Signature
