



St. Christopher's Co-operative Preschool

Info@stchristopherspreschool.ca

www.stchristopherspreschool.ca

905-634-3944

662 Guelph Line, Burlington, Ontario L7R3M8

Returning member/child	<input type="checkbox"/>
Returning member/sibling	<input type="checkbox"/>
New Member	<input type="checkbox"/>

Application for Registration and Membership for Non-Duty Families 2017/2018

*****PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING*****

1. A \$50.00 non-refundable registration fee is due with this application in order for it to be processed.
2. A post-dated cheque dated August 1st is required for September tuition, as well as post-dated cheques dated for the 1st day of each month thereafter. **Withdrawals between August 1st and 31st will not be refunded the first month's fees.** After Sept. 1st, a 4 week' written withdrawal notice must be sent to the Membership Director. Payment of fees, bingos, and committee participation are required to the end of the 30-day notice period. **Withdrawals after April 30th will not be refunded; monthly fees are still required for May and June.**
3. Two additional undated cheque fees are required: one in the amount of \$100 (for a missed Bingo) and one in the amount of \$50 (for unfulfilled Committee or missed general meeting). All of these additional fee cheques will be returned at the end of the school year, once all commitments are met.
4. Registration occurs in the order in which applications are received.
5. All families must support the co-op by adhering to the values, principles, and by-laws of the corporation.

***Please note all cheques must be payable to: St. Christopher's Preschool**

Consent: I agree that neither I, nor my family, will hold any person in attendance at the school responsible in case of accident, contraction of illness, or loss of property, excluding negligence.

This form enables a doctor to give necessary treatment in case of an emergency when parents/guardians cannot be contacted. It is understood that every effort will be made to reach the parents. If, at any time, due to such circumstances as accident, sudden illness or emergency medical treatment is necessary, this treatment may be given to the following named child.

Child's Name

Parent's Signature of Acceptance

Date

FOR SCHOOL ADMINISTRATION ONLY

DATE RECEIVED		TIME	
REGISTRATION FEE		1 ST MONTH FEE	
COMMITTEE SELECTION		MONTHLY CHEQUES	
START DATE		DISMISSAL/WITHDRAWL DATE	

Child's Information

Child's LAST Name _____ Child's FIRST Name _____ Likes to be called _____

Date of Birth (MM/D/YYYY) _____ Sex _____ Resides with: Both parents Mother Father

Siblings Names and Ages _____

Please use a rating scale of 1-4 to indicate the priority sequence for phone numbers in case of emergency (1 = first number, 4 = last)

Parent's/Guardians Information

Parent 1 Name _____ Address _____

City _____ Postal Code _____ Home # _____ Cell # _____

Email Address _____

Name of Employer _____ Phone # _____

Address of Employer _____ City _____ Postal Code _____

Parent 2 Name _____ Address _____

City _____ Postal Code _____ Home # _____ Cell # _____

Email Address _____

Name of Employer _____ Phone # _____

Address of Employer _____ City _____ Postal Code _____

Language(s) spoken at home other than English: _____

Preferred method for Student communication: _____

Preferred method for Committee communication: _____

How did you hear about us? _____

I have read and completed this page in its entirety

Initials

Medical Information

Child's Doctor's Name _____

Phone # _____

Address _____

City _____

Postal Code _____

Please list any medical or health concerns: _____

In Case of Emergency, if parents can not be reached and who is of close proximity to the school, if possible

Name _____

Relationship to Child _____

Address _____

City _____

Postal Code _____

Home # _____

Cell # _____

PLEASE PROVIDE ANY SPECIAL MEDICAL TREATMENT AND/OR ADDITIONAL INFORMATION THAT COULD BE HELPFUL IN THE EVENT OF AN EMERGENCY DURING SCHOOL HOURS.

PLEASE PROVIDE INSTRUCTIONS CONCERNING ANY SPECIAL REQUIREMENTS IN RESPECT TO DIET, REST OR EXERCISE:

Parent/Guardian Signature _____

THOSE ALLOWED TO TAKE YOUR CHILD FROM THE SCHOOL PREMISES:

Name _____

Relationship to child _____

Name _____

Relationship to child _____

*******THE SCHOOL MUST BE NOTIFIED IF SOMEONE OTHER THAN THOSE LISTED ABOVE IS TO PICK UP YOUR CHILD, OR YOUR CHILD WILL NOT BE RELEASED FROM THE SCHOOL.*******

I have read and completed this page in its entirety

Initials

Executive and Committee Information

Our co-operative school operates under an elected Board of Directors (parents) and other dedicated parents who are involved in many aspects of the operations of the preschool. For each child who attends the school, the family is required to sign up for one committee or one executive position. Since St. Christopher's is a Co-operative Preschool, it is most important to fill the executive positions first. All of the positions however, play a very important part in the administration of the school.

Please choose three positions and/or committees that your family would be interested in contributing to. We take these choices into consideration and fill the positions on a first-come, first-served basis. *Please be assured that if you have not asked for an executive position you will not be assigned one.*

Please review descriptions of the preschool executive and committee positions which are included in this package as well, as on our website.

Please indicate your three preferred committees or executive positions: (Include past Experience)
1.
2.
3.

The required responsibilities of the non-duty adult members of St. Christopher's Co-operative Preschool include:

1. Participation on a school committee
2. Attendance at 3 mandatory, scheduled General Meetings.
3. Participation by volunteering at two Bingos at the Bingo Connection.

I would prefer: 2 mornings (Tuesday/Thursday) (2AM)

 3 mornings (Tuesday/Wednesday/Thursday) (3AM)

***Please note all cheques must be payable to: St. Christopher's Preschool**

2017-2018 NON-DUTY MONTHLY FEES	
Session	Fees
2 AM	\$197
3 AM	\$274



CONFIDENTIALITY AGREEMENT

St. Christopher's Co-operative Preschool is committed to protecting the privacy of personal information of its members. From time to time, Staff, Duty Parents, Volunteers, Board of Directors and Support Staff may receive and have access to confidential information about children and families. This information must be kept in the strictest confidence.

I, _____ have been made aware of the confidential nature of information concerning children and their families and the confidentiality of such information will be respected.

I understand that the discussion of personal information about children and families without authorized informed consent is unethical. Any information that comes to my knowledge will be considered confidential and will not be released to any other agency without authorized consent from the parent or guardian.

I will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal or other such abuse.

Signature of Employee/Duty Parent/ Volunteer/ Board of Director/ Support Staff

Signature of Witness

Date



**Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)**

Any person employed by a licensed day nursery or employed by or associated with a licensed private-home day care agency must complete this form.

In administering and enforcing the *Day Nurseries Act* (DNA), Ministry of Education program advisors and the Director under the DNA may collect and review personal information about staff employed by a licensed day nursery or employed by or associated with a licensed private-home day care agency under the authority of s.16 (4) of the *Day Nurseries Act* (DNA) and s.58, 59, 60, 61 and 62 of O. Reg. 262 under the DNA to ensure that the day nursery or private-home day care agency operator is complying with the DNA and O. Reg. 262.

This form is required to be kept for the ministry's review at the child care centre where you are employed or the head office of the private-home day care agency.

Your personal information may be provided by your employer in connection with an application for approval of a Supervisor, a person to take the place of a Registered Early Childhood Educator or approval of a Private-Home Day Care Visitor, if applicable.

Information collected in the licensing process about Registered Early Childhood Educators may be shared with the College of Early Childhood Educators if necessary for the enforcement of the *Early Childhood Educators Act, 2007*.

Questions concerning the direct or indirect collection of personal information may be addressed to the:

Child Care Quality Assurance and Licensing Branch
Early Learning Division
Ministry of Education
900 Bay Street, 24th floor, Mowat Block
Toronto, ON M7A 1L2
416-314-8373

Name (print) _____

Signature _____

Date _____

A copy of the form should be given to the person who completes it.



Statement of Immunization for Entry into Child Care

According to the Day Nurseries Act, every operator shall ensure that before a child is admitted to a Licensed Child Care Program the child is immunized as required by the Medical Officer of Health. **The vaccines required are diphtheria, tetanus, polio, pertussis, haemophilus influenzae B, measles, mumps, and rubella.** These requirements may be removed if you object to immunization for medical, conscience or religious reasons. The necessary exemption form can be obtained from the Health Department.

Child Care Centre: _____
name of centre address of centre

Child's Name: _____
(last name) (first name)

Sex: F__ M__ **Birth Date:** _____ **O.H.I.P #** _____
year month day

Address: _____
Street City/Town Postal Code

Parent/Guardian: _____ **Home #** _____ **Work#** _____

Family Doctor and telephone number & address: _____

OR attach a photocopy of the immunization record to this form and submit

* Required for day care/nursery school attendance								Recommended vaccines						
Vaccine	Diphtheria *	Pertussis * (Whooping Cough)	Tetanus *	Polio (IPV or OPV)*	Hib (haemophilus influenza type B)*	Measles *	Mumps *	Rubella *	Pneumococcal (Synflorix™ or Prevnar13)	Meningococcal (NeisVac-C®/Menjugate® or Menactra®)	Hepatitis B	Varicella (chickenpox)	Rotavirus	Other
Dates Given (yy/mm/dd)														

Personal health information on this form is collected pursuant to subsection 33(1) of Regulation 262 under the *Day Nurseries Act*, R.R.O. 1990 and will be used by Halton Region's Medical Officer of Health to determine adequate immunization status of the named child. Upon request, this record may be disclosed to the child's primary health care provider unless you instruct us not to do so. Questions about this collection can be directed to nurses within the Immunization Services Program, Halton Region Health Department, 1151 Bronte Road, Oakville, ON, L6M 3L1. Dial 311 or 905-825-6000 or toll free at 1-866-442-5866.

Helpful Checklist

- Application form fully completed and signed (Please return pages 1-7)

- A copy of your child's Immunization Record or, in the event of vaccine exemption, a sworn affidavits that has been signed by a Commissioner of Oaths (http://www.halton.ca/living_in_halton/public_health/health_clinics___immunizations/immunization/vaccine_exemption/).

- Monthly Post Dated Tuition Cheques made payable to: **St. Christopher's Preschool** (September Fees- dated August 1st, then 9 post dated cheques from October 1st - June 1st)

- \$50.00 Non-Refundable Administration Fee. Cheques made payable to: **St. Christopher's Preschool.**

- \$100.00 undated cheque made payable to: **St. Christopher's Preschool** for missed bingo commitments

- \$50.00 undated cheque made payable to: **St. Christopher's Preschool** for missed Committee and Missed General Meeting (at the discretion of the board)

- 4 X 6 Recent Photo of your Child (for our Emergency cards)