



## St. Christopher's Co-operative Preschool

[www.stchristophersco-op.ca](http://www.stchristophersco-op.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 Families 2026-2027*

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

1. A \$50.00 non-refundable registration base fee is due with this application in order for it to be processed payable by cheque or e-transfer to [sccpboard.treasurer@gmail.com](mailto:sccpboard.treasurer@gmail.com)
2. Septembers Tuition is due via either: a post-dated cheque dated August 1<sup>st</sup> OR an e-transfer to [sccpboard.treasurer@gmail.com](mailto:sccpboard.treasurer@gmail.com) (if paying by cheque, please provide 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 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. (e-transfer is also available)**
3. An additional fee is required for the amount of \$50 (for unfulfilled Committee or missed general meeting) either by e-transfer to [sccpboard.treasurer@gmail.com](mailto:sccpboard.treasurer@gmail.com) OR an undated cheque. The additional fee amount 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. A wait list will be kept in order of date requested. Confidentiality of those on the wait list will be maintained.
5. The preschool program runs mid-Sept to mid-June. The preschool is closed for 2 weeks in December and 1 week in March.
6. All families must support the co-op by adhering to the values, principles, and by-laws of the corporation.

**\*Please note any 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 <sup>ST</sup> MONTH FEE	
COMMITTEE SELECTION		MONTHLY CHEQUES	
START DATE		DISMISSAL/WITHDRAWAL 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 <input type="checkbox"/>	Mother <input type="checkbox"/> Father <input type="checkbox"/>
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			
<b>Parent 1 Name</b> _____		Address _____	
City _____	Postal Code _____	Home # _____	Cell # _____
Email Address _____			
Name of Employer _____		Phone # _____	
Address of Employer _____	City _____	Postal Code _____	

<b>Parent 2 Name</b> _____		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 this page in its entirety (Please initial):

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 # _____	

<b>PLEASE PROVIDE ANY SPECIAL MEDICAL TREATMENT AND/OR ADDITIONAL INFORMATION THAT COULD BE HELPFUL IN THE EVENT OF AN EMERGENCY DURING SCHOOL HOURS.</b>
<div></div>
<b>PLEASE PROVIDE INSTRUCTIONS CONCERNING ANY SPECIAL REQUIREMENTS IN RESPECT TO ALLERGIES or FOOD RESTRICTIONS, REST OR EXERCISE:</b>
<div></div>
<b>Parent/Guardian Signature</b> _____

THOSE ALLOWED TO TAKE YOUR CHILD FROM THE SCHOOL PREMISES:	
Name _____	Relationship to child _____
Name _____	Relationship to child _____
<b>*****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.*****</b>	

I have read this page in its entirety (Please initial):

## 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.

### **Executive Positions:**

1. Chairperson
2. Vice Chairperson
3. Secretary
4. Treasurer
5. Membership & Fundraising

### **Committee Positions:**

1. Purchasing
2. Playdough Making
3. Cleaning
4. Gardening
5. Special Events

1.
2.
3.

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

Participation on a school committee

Attendance at 3 mandatory, scheduled General Meetings.

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

2026 – 2027 Monthly Base Fees		
Session	Fees	Please Select Program
5 x AM no fundraising	\$ 230.00	
3 x AM no fundraising	\$ 142.00	

**\*Non-Base fees may include field trips or special events throughout the preschool year**

## **Fundraising**

Fundraising is a non-based fee. Fundraising helps us to fund programming and equipment. Over the preschool year, we will offer a variety of fundraising initiatives for families to participate in. We respectfully request that ALL families participate in fundraising initiatives.



## 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)
- ☐ Register your preschooler's immunization records with Public Health Halton at [halton.ca/immunize](https://halton.ca/immunize) (The Halton record is submitted to the preschool).
- ☐ Monthly Post Dated Tuition Cheques made payable to: **St. Christopher's Preschool** (September Fees- dated August 1<sup>st</sup>, then 9 post dated cheques from October 1<sup>st</sup> - June 1<sup>st</sup>) OR E-transfer to [sccpboard.treasurer@gmail.com](mailto:sccpboard.treasurer@gmail.com) for September fees due prior to start-of-school
- ☐ \$50.00 Non-Refundable Administration Fee. Cheques made payable to: **St. Christopher's Preschool** OR E-transfer sent to [treasurer2020.sccp@gmail.com](mailto:treasurer2020.sccp@gmail.com)
- ☐ \$50.00 E-transfer to [treasurer2020.sccp@gmail.com](mailto:treasurer2020.sccp@gmail.com) OR 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.