



REGISTRATION PACKAGE

Elora Co-op

Pre-School

2017-2018



Dear Families,

Welcome to our preschool! We are a small school with a 40+ year history of developing preschoolers in Wellington County through our exceptionally-rated early childhood education and developmental programs.

We look forward to working with you and your child as they join us each week. It's going to be an exciting year!!

As a co-operative, our preschool is owned and operated by you and all of the other families enrolled. This means that you are directly involved with all aspects of the schools operation – from classroom programming to making financial decisions and participating to make our community events successful.



We believe that communication and family involvement is key to your preschooler's success! Your child will be assigned a cubby at the preschool to receive projects, newsletters and any other communications that need to go home. You will also receive newsletters via our email distribution list that will provide you with updates from the Preschool's teachers, board of directors and committees about what we have been doing or what is coming up. Above all, we encourage you to develop a relationship with the teachers and board. Together, we will work together to provide you with the most memorable and positive preschool experience!

We look forward to many happy days on your preschool adventure!!

*Miss Debbie, Miss Nancy and your
2017-2018 Board of Directors*



For Office Use Only

Date Received

Admission Date

Discharge Date

Class(es)

Volunteer Assignment

Child's Personal Details	Child's Surname		Child's First Name	
	Gender F M	Date of Birth (DD/MM/YYYY)	Nickname (if applicable)	

24-30 months at school start date: Yes / No If yes: Date child reaches 30 months (inclusive): _____

Caregiver Details	Caregiver #1's Surname		Caregiver's First Name		Relationship to child
	Address		Apt #	City	
	Postal Code	Home Phone Number		What % of time is the child at this address?	
	Occupation	Business Name		Cell Phone Number	
	Business Address		Business Phone Number		Extension #

<input type="checkbox"/> Tick this box if address is the same as above.	Caregiver #2's Surname		Caregiver's First Name		Relationship to child
	Address		Apt #	City	
	Postal Code	Home Phone Number		What % of time is the child at this address?	
	Occupation	Business Name		Cell Phone Number	

This section required	Business Address		Business Phone Number		Extension #
	Email Contacts (This will be used for communication such as reminders, information, etc.)				

PICK-UP LIST (Information of those allowed to pick child up from school, aside from caregivers)		
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
STUDENT MEDICAL INFORMATION		
Doctor's Name		Phone Number
Address (please use full address, which is required by licensing authority)		Health Card Number (Optional)
Allergies (please write 'n/a' in this box, if no known allergies)		
Special Needs (please write 'n/a' in this box, if not applicable)		
EMERGENCY CONTACT (Please provide the number of someone other than the caregiver. A contact that is local is preferred, however if there is no one local, it is still important to include a contact for situations when caregivers are unreachable. We will always contact caregivers first.)		
Name	Phone Number	Relationship to Child
Name	Phone Number	Relationship to Child
Name	Phone Number	Relationship to Child
CONSENT TO EMERGENCY MEDICAL TREATMENT		
I/We hereby give permission for the child in my/our care to receive emergency medical treatment in the event that I/we cannot be contacted.		
Signature(s)		Date
How did you originally hear about the Elora Co-operative Pre-school?		
<input type="checkbox"/> Online Search	<input type="checkbox"/> Signage	<input type="checkbox"/> Friends/Family
<input type="checkbox"/> Ad (if so, where?):		<input type="checkbox"/> Other (please specify):

STUDENT'S PERSONAL HISTORY

FAMILY BACKGROUND	Child's Siblings		
	Name	Gender	Age
	Name	Gender	Age
	Name	Gender	Age
	Other Members of the Household (Not including siblings or caregivers)		
	Name		Relationship
	Name		Relationship
	Name		Relationship
	Is there any information we should be aware of that may affect your child's behaviour? (eg. divorce, family illness, etc.)		
	Language(s) spoken at home:		

MEDICAL BACKGROUND	Has your child ever had any of the following?			
		YES	NO	Please explain, if yes:
	Eye Test:			
	Hearing Test:			
	Hospital Stay:			
	Communicable Diseases:			
WAS YOUR CHILD FULL TERM? YES NO IF NOT, AT HOW MANY WEEKS WERE THEY BORN? _____				

Additional comments/information (please provide information which would be helpful in the provision of care)

2017 – 2018 CONSENT FORM



Child's First/Last Name: _____

1. I hereby grant permission for my child to use all the play equipment and to participate in activities provided by Elora Co-operative Pre-School Inc.
2. I hereby grant permission for my child to participate in excursions while at Elora Co-operative Pre-School Inc. Parents will be notified one week in advance of any anticipated excursions.
3. I hereby grant permission to Elora Co-operative Pre-School Inc. to reprint photographs of my child participating in school activities on promotional materials, informational brochures or the school's website. I understand that these photos will not be used for or sold for profit-making or commercial purposes.
4. I agree to view the contents of the Handbook and Policy Manual online www.elorapreschool.ca and familiarize myself with the contents therein.
5. I understand the applicable fees, fines and monthly payout options. By not selecting any of the payout options, I agree to fulfill all of my co-operative duties. These include classroom helper days (if selected) and committee/fundraising responsibilities to make the preschool a better place for the child in my care to attend.
6. I understand that I am required to attend both of the mandatory semi-annual general meetings in September and in May, participate in my assigned committee and participate in the spaghetti supper fundraiser. This is to ensure that the preschool maintains our high standards as a co-operative and to assist in decision-making and future planning.
7. I give consent for the preschool to share my name, phone number and email address for the purposes of communicating school business between parents, board members and teachers.

SIGNATURE OF CAREGIVER

DATE



2017 – 2018 CLASS SELECTION and FEES

Please indicate your class choice(s), below

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Toddler 18 – 30 mos 9:00-11:30 Snacks provided <input type="checkbox"/> \$80 per month	Half-Day 9:00-11:30 Snacks provided <input type="checkbox"/> \$85 per month	Full day 9:15-3:00 Snacks and hot lunch provided <input type="checkbox"/> \$180 per month	Half-Day 9:00-11:30 Snacks provided <input type="checkbox"/> \$85 per month	Full day 9:15-3:00 Snacks and hot lunch provided <input type="checkbox"/> \$180 per month
PM	Half-Day 12:30-3:00 Snacks provided <input type="checkbox"/> \$80 per month	Half-Day 12:30-3:00 Snacks provided <input type="checkbox"/> \$85 per month		Half-Day 12:30-3:00 Snacks provided <input type="checkbox"/> \$85 per month	

Classroom Helper Option

This is a great opportunity for you to see your child in action with teachers and peers! Families are the primary teachers of our children and your participation in the classroom helps children see the connection between home and school. It also provides you with the opportunity to see what happens in a typical preschool day and may help you learn new ways to teach and guide your child!

As a classroom helper, you may be participating in the following:

- Gathering supplies
- Helping at circle time
- Assisting with art and craft projects
- Interacting with children during programming activities
- Snack preparation
- Light cleaning
- Assisting teachers with other duties

- ✓ Discount is \$15 per class
- ✓ Time commitment: 2.5 hours per month
- ✓ To enroll, please request Classroom Helper Registration Package Add-On
 - Once package is completed and received you will be added to the schedule
 - Participation requires TB test and criminal records check which can take several weeks (so start early!)



2017 - 2018 CO-OPERATIVE DUTIES

As a not-for-profit charitable organization, we rely on fundraising to continue to enhance programming, maintain quality resources, and to supplement running costs while preserving reasonable monthly rates.

In order to be successful, *We Need You!*

- Please sign up for one of the below volunteer duties with your 1st, 2nd, 3rd, etc. choices. These are processed by preference on a first-come, first-served basis.
- Expected time commitment is 20 hours.
- *Please note that you may be required to participate in more than one event/position to fulfill your hours.* There will be additional opportunities throughout the year to assist in other events.
- Failure to fulfil this commitment will result in the processing of your Non-Participation Penalty cheque.
- Alternatively, an opt-out option is available (see Finance Checklist).
- Please note that a minimum of one-hour's participation at Spaghetti Supper is expected from all families on the day of the event *even if you are not on this committee.* (Sign up list will be posted in February.)

Committee	Event	# Positions	Approx Hrs	Description	My choice
Fundraising	Spaghetti Supper	10	20	Approximately 10 hours of group meetings spread over a 4 month period (Oct to Feb) plus independent solicitation time and active participation with set-up and throughout the day of the event. Exact date TBD but will take place in February.	
	Easter Egg Hunt	10	10	Approximately 5 hours of group meetings spread over a 3 month period (Jan to Mar) plus independent working time and active participation with set-up and throughout the day of the event (event generally takes place the Saturday before the Easter long weekend.)	
	Trike-a-Thon/Fireworks	4	10	Trike-a-thon time commitment will be limited to September for preparation and active participation the day of the event. Fireworks take place in May after the long weekend. Time commitment limited to minor preparation and participation on the day of the event.	

Public Relations	Public Relations Planning	4	10-20	Meetings will be spread over the year plus participation and set-up on event days.	
Operations	Housekeeping	8	15-20	Approximately 1-2 hours per month cleaning of classroom and play areas, washrooms, toys and equipment as well as a mid and year-end thorough cleaning. Schedule can be fixed or flexible.	
	Maintenance	5	10-20	Interior maintenance, fall and spring clean-up, and early morning snow removal on sidewalk areas around preschool per month (rotating schedule.) Availability should be flexible as fluctuates depending on weather for the months of Dec to March.	
	Purchasing	1	20	Weekly purchasing snack and lunch items and toys/supplies as needed over the whole year.	
	Laundry	1	20	Weekly laundering (kitchen towels, etc) over entire school year. Done at the parents own home, on their own schedule.	
Social	Social Events	4	10	Includes preparation and active participation on event dates in October (Hallowe'en), December (Christmas party, parade float), and May.	
Administration and General Operations	Scholastic Book Orders	1	10	Approximately 1 hour per month to process and distribute book orders received through Scholastic program.	
	Office Administration	1	20	Approximately 2 hours per month to assist with office duties.	
	Photos & Yearbook	1	20	Involves taking photos at events (or collect and organize from others) and organize the design and printing of yearbook for distribution to all students at year-end.	

Immunization Information for Licensed Child Care Settings

1. Name of Child Care Centre: _____

Please check off the box that best describes your child:

<input type="checkbox"/> Pre-School Program	start date: _____ / _____ YYYY MM	
<input type="checkbox"/> JK or SK Program (at child care centre)		start date: _____ / _____ YYYY MM
<input type="checkbox"/> Before School Program	start date: _____ / _____ YYYY MM	_____ Name of Elementary School Attending
<input type="checkbox"/> After School Program	start date: _____ / _____ YYYY MM	_____ Name of Elementary School Attending

2. Personal Information (Please PRINT clearly)

Child's information -please print name as it appears on school registration:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ / _____ / _____ Male Ontario Health Card #: _____ Version Code _____
 YYYY MM DD Female _____ - _____ - _____

Street Address: _____ Unit/Apt: _____

City/Town: _____ Postal Code: _____

Name of Doctor: _____ Doctor's Phone #: (_____) _____

Parent/Guardian Information:

Last Name: _____ First Name: _____ Relationship to Child: _____

Last Name: _____ First Name: _____ Relationship to Child: _____

Home/Cell Phone #: (_____) _____ Work Phone #: (_____) _____

3. Immunization Record:

Please attach a photocopy of your child's Immunization Record(s).
Please make sure that the record also contains your child's name and birth date.

PLEASE NOTE:

The *Day Nurseries Act* and *Immunization of School Pupils Act* requires that students have up to date immunizations for Tetanus, Diphtheria, Polio, Measles, Mumps, Rubella (German measles), Meningococcal disease (Meningitis), Pertussis (Whooping cough), and Varicella (Chickenpox).

In order to attend licensed child care in Wellington-Dufferin-Guelph, you must provide one of the following:

- A complete history of your child's immunizations to Public Health (Medical Officer of Health)
- A valid written exemption if you decide not to immunize your child because of medical, religious, or philosophical reasons. PLEASE NOTE: at the time of school entry a signed medical exemption form from your physician or nurse practitioner or a statement of conscience or religious belief affidavit signed by a commissioner of oaths will be required.

It is the responsibility of the parent/guardian to maintain up to date immunization records for their child(ren). When additional immunizations are given please report them to Wellington-Dufferin-Guelph Public Health by calling 1-800-265-7293 ext: 4396 or ask to speak to "Immunization Records".

If you are unable to complete this form or cannot locate your child's immunization record, please contact your health care provider for further assistance.

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.



2017 – 2018 PACKAGE CHECKLIST

Student's Name: _____

Information requested in this package is either required by the Ministry of Education for audit purposes, or by our Board of Directors in order to efficiently process registrations. We know that your time is precious, so we have done our best to only ask for what we need. With this in mind, **please ensure that all boxes are filled out and all required information has been included (including immunization records) before you submit your registration or it may not be processed.** The below checklist is designed to assist.

<i>Form</i>	<i>Parental Checklist</i>	<i>School Checklist</i> <small>For Office Use Only</small>	<i>Notes</i>
Student Registration Form (original plus 1 copy)	<input type="checkbox"/>	<input type="checkbox"/>	
Student's Personal History	<input type="checkbox"/>	<input type="checkbox"/>	
Consent Form	<input type="checkbox"/>	<input type="checkbox"/>	
Class Selection Form	<input type="checkbox"/>	<input type="checkbox"/>	
Co-operative Volunteer Commitment Form	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health Form - 'Immunization Information for Licensed Child Care Settings' (original + 1 copy)	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Child's Immunization Records (Copy of yellow card or printout from doctor)	<input type="checkbox"/>	<input type="checkbox"/>	
Cheque - Registration Fee	<input type="checkbox"/>	<input type="checkbox"/>	
Cheque - Non-Participation Penalty	<input type="checkbox"/>	<input type="checkbox"/>	

- ✓ Completed packages should be submitted in person at the preschool (dropped into the box into the office)
- ✓ After the school is closed for the summer (June 28, 2017), please mail your package to:
 - Elora Coop Preschool
 - 75 Geddes Street
 - Elora, ON N0B 1S0
- ✓ Once all of this is done...then what?
 - Within two (2) weeks of receiving your package: We will email you a registration confirmation
 - Mid-late August: you will receive an email which will include start-of-year details
 - September 5: first week of school!!!
- ✓ Questions?
 - Regarding registration: membership@elorapreschool.ca ,
 - General school inquiries: info@elorapreschool.ca
 - School: 519-846-5092 (messages retrieved over summer)



2017 - 2018 FINANCE INFO

Please include required information (detailed below) with your package

- ✓ NSF and late payment charges are applicable
- ✓ Please ensure that your child's name is on every cheque
- ✓ Questions?
 - Treasurer@elorapreschool.ca

	<i>Item</i>	<i>Total \$\$</i>	<i>Dated</i>	<i>Details</i>
Required at time of registration	Registration Fee	\$40/family	July 1, 2017	Non-refundable and due at time of registration
Required at time of registration	Non-Participation Penalty	\$300	July 1, 2018	Required to complete registration but will be cashed only in the event that there is a failure to complete full hours required for Volunteer Commitment (see Handbook).
	Monthly Fees			<ul style="list-style-type: none"> ✓ Can be paid with post-dated monthly cheques, or lump sum annually. ✓ September payment is due on or before the first day of school. ✓ Post dated cheques can be enclosed with package, dropped at the school or mailed at any time. ✓ Other payment options may be available. Please discuss with Treasurer.
	Committee Payout Optional	\$250	September 1, 2017	Optional – provide only if you have decided to opt-out of the Committee Participation minimum requirements