

For Administrative Use	Start Date:	End Date:
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St James Co-operative Preschool

2019/2020 Membership Registration Form

Child's Last Name:	Child's First Name:
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All requested information is required by Ministry of Education and blank boxes are not permitted.

Please fill all boxes in this form. Use "n/a" for boxes which are not applicable to your child/family.

- If you do not have a home phone number, list a principal cell number to be used.
- If you do not have a family doctor, list info for a clinic you use.
- If you work from home, state work from home.

Date of Birth:	
Home Street Address:	
City:	Postal Code:
Home Telephone:	

PARENT/ GUARDIAN (1)	
Last Name:	First Name:
Home Street Address:	
City:	Postal Code:
Home Telephone:	Cell Phone:
Occupation:	Place of Employment:
Work Telephone:	

PARENT/ GUARDIAN (2)	
Last Name:	First Name:
Home Street Address:	
City:	Postal Code:
Home Telephone:	Cell Phone:
Occupation:	Place of Employment:
Work Telephone:	

EMERGENCY CONTACT PERSON	
** Note: Parents/guardians listed above will be contacted first in case of emergency. This emergency contact person is an alternative contact, in case we are unable to reach the parents/guardians.	
Last Name:	First Name:
Home Street Address:	
City:	Postal Code:
Home Telephone:	Cell Phone:
Occupation:	Place of Employment:
Work Telephone:	

FAMILY PHYSICIAN	
Last Name:	First Name:
Address:	
City:	Postal Code:
Office Telephone:	

SPECIAL MEDICAL CONCERNS

The following sections of the registration form are additional to the information required by the Ministry of Education.

EMAIL COMMUNICATION	
Email is our primary means of contact with preschool families. Monthly calendars and volunteer schedules are communicated by email. You may supply more than one email contact, for instance, where a grandparent is taking on volunteer shift responsibilities and needs to be informed of the schedule. Please supply at least one email contact.	
Name:	Email:
Name:	Email:
Name:	Email:

CHILD PICK-UP AUTHORIZATION				
You may designate other adults who are permitted to pick-up your child from preschool, in addition to the Parents/Guardians listed above. If your Emergency Contact listed above will also be picking up your child, please list them again here.				
	Name	Address	Phone	Relationship to Child
1.				
2.				
3.				

ADDITIONAL MEDICAL INFORMATION	
Does your child have a special diet or medical conditions:	Yes _____ No _____
Does your child have food or medication allergies:	Yes _____ No _____
Is an EpiPen required:	Yes _____ No _____
**In the event that an EpiPen is required St James will require a copy of your child's Emergency Action Plan	
If you have answered yes to the above please provide details:	

MEDICAL AUTHORIZATION	
I hereby give permission for a physician to give necessary treatment in the case of an emergency situation where parents cannot be reached and a delay, in the opinion of the medical staff, would be detrimental to the health of my child. It is understood that every effort will be made to contact the parents. This consent also gives the Supervisor permission to administer the above listed medications in the event of an emergency	
Signature of Parent/Guardian:	Date:

EMERGENCY PROCEDURES

In the event of an emergency at St. James Co-op Preschool, the safety of the children is our top priority. It may be necessary to evacuate the premises in some situations. When the decision has been made, staff, volunteers, and children will be move to our emergency location. Parents will be contacted of the move and are to make arrangements to pick up their child(ren). Ratios will be maintained until the last child has left.

Volunteers/caregivers have a responsibility to understand the emergency procedures and agree to follow them.

Should the children need to be taken offsite I am aware the emergency location is:

The Paci home, 157 Melville Street, Dundas

Signature of Parent/Guardian:

Date:

BEHAVIOUR MANAGEMENT POLICY

Our policy states that no physical force or restraint will be used by teachers or volunteers to discipline students at St James Co-operative Preschool. Children will be encouraged to help maintain safety and order in the classroom by clearly defined expectations and role modeling on the part of teachers and volunteers. Children will be encouraged to interact positively with others and gain conflict management skills. Children will be redirected to other play areas when his/her activity is disruptive. Time outs (still in the classroom with teacher support) or better stated as a loss of privilege and play, will be used as the next step measure when a child's behaviour is jeopardizing the safety of others. The child in question will return to play when he/she is willing to comply with the clearly outlined and expected behaviour. Removing a child from the room for a time out would be an extreme measure but would be initiated for the safety of the child and others. The child will remain under supervision of the teacher and would return to group activities when the child is able to regain self control of his/her emotions and physical behaviour. The child's parents will be informed of the child's outburst and it will be dually noted in the daily report. Please read the full policy in the Parent Handbook.

I _____ have read and do understand the Behaviour Policy Management of St. James Co-operative Preschool.

I agree to comply with the criteria outlined in the policy and understand that the failure to comply may result in the review of my participation in the nursery school by the Executive Board of St. James Co-op Preschool

Signature of Parent/Guardian:

Date:

IMAGE RELEASE CONSENT

In the course of school activities, representatives and staff of St. James Co-operative Preschool may capture my child's image (pictures or video). These images may from time to time be posted in support of the preschool at the discretion of the staff or representatives.

I hereby agree that this material may be posted in support of the preschool, in whole or part, within the community, web presence, newsletters, craft activities, and/or the classroom. I may withdraw my permission at any time.

I do not give permission to have my child's image posted in support of the preschool, in whole or part, within the community, web presence, and/or newsletters. I do, however, give permission for my child's image to be used in craft projects and the classroom.

Signature of Parent/Guardian:

Date:

REGISTRATION INFORMATION

Note: Tuition is based on yearly expenses and is divided into 9 payments for convenience. The actual number of scheduled school days will vary from month to month.

Please select the classes in which you wish to register your child. *Classes are subject to change based on enrolment.*

<input type="checkbox"/> Super Stars	With duty: \$55 per month X number of days below <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday	9:15am - 11:30am For children born in 2017.
<input type="checkbox"/> Kids Club	With duty: \$50 per month X number of days below <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Non-duty: \$75 per month X number of days below <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	9:00am - 11:45am For children born in 2015 and 2016.
<input type="checkbox"/> Full-day Kids Club	With duty: \$125 per month X number of days below <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday Non-duty: \$150 per month X number of days below <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	9:00am - 2:30pm For children born in 2015 and 2016. Hot catered lunch included.
<input type="checkbox"/> Wiggles & Squiggles	<input type="checkbox"/> Wednesday \$60 per month (\$75 if first Associate Member class)** <i>Non-duty</i>	12:30pm - 2:30pm For children born in 2014, 2015 and 2016. <i>(Note: This is an afternoon component of Wednesday Full-day Kids Club)</i>
<input type="checkbox"/> Kaboom!	<input type="checkbox"/> Tuesday \$60 per month (\$75 if first Associate Member class)** <i>Non-duty</i>	12:30pm - 2:30pm For children born in 2014, 2015 and 2016. <i>(Note: This is an afternoon component of Tuesday Full-day Kids Club)</i>
<input type="checkbox"/> Alphabet Soup	<input type="checkbox"/> Thursday \$60 per month (\$75 if first Associate Member class)** <i>Non-duty</i>	12:30pm - 2:30pm For children born in 2014, 2015 and 2016. <i>(Note: This is an afternoon component of Thursday Full-day Kids Club)</i>
<input type="checkbox"/> Full-day Word Detectives	<input type="checkbox"/> Monday \$125 per month (\$140 if first Associate Member class)** <i>Non-duty</i>	9:00am - 2:30pm For children born in 2014 and 2015. <i>Student to bring packed lunch.</i>
<input type="checkbox"/> Afterschool Print Works	<input type="checkbox"/> Tuesday \$55 per month (\$70 if first Associate Member class)**	3:15pm - 5:00pm For children born in 2013 and 2014.

** ASSOCIATE MEMBERS - Families with children enrolled only in classes other than Super Stars and Kids Club. Associates pay a premium of \$15 per month for their first program but have no additional fundraising, Viva, Committee, or Cleaning obligations.

ENROLMENT PLEDGE	
→I hereby enroll my child for the school year which runs from the second Monday in September to the last Friday in May; September schedule may be staggered in years with high enrollment. I understand that St. James' is a cooperative school requiring parent involvement.	
→I understand that a \$65 family registration fee is due at time of registration of one or more children, payable once per family. Of that fee, \$50 is a <i>non-refundable</i> registration fee to secure a place (or places) in preschool programs. The remaining \$15 is a refundable deposit toward my attendance at the first general meeting held after I register my child/children with the preschool.	
→I understand that monthly tuition cheques for the entire school year are to be submitted on the day of the 1st general meeting in September of that school year, or before my child's first day at the school and must be post-dated for the 1 st of each month.	
→Changes to enrollment, especially withdrawal from a program, must be given with 30 days notice or payment of the subsequent month's tuition fee. Mid-month withdrawals are not entitled to any refund of the monthly fee.	
→Duty enrollment must be fulfilled to end of each term before switching to non-duty enrollment. Note: Term 1 is September to January 31 and Term 2 is February to June 6.	
Signature of Parent/Guardian:	Date:

FULL MEMBER COMMITMENTS (EXEMPT FOR ASSOCIATE MEMBERS)	
→I understand that attendance at the preschool's General Meetings is mandatory for parents with children in either Super Stars or Kids Club. I will pay a deposit of \$15 per meeting as an assurance of my attendance. General meetings are held in September, January, and May. My deposit for the first General Meeting is paid at time of registration as part of the family registration fee. My \$15 General Meeting deposits are returned to me when I attend each of the three general meetings. <ul style="list-style-type: none"> • \$30 cheque, due on or before my child's first day at the school. 	
→I understand that all families must contribute a mandatory auction item donation (~\$50 value) for our annual major fundraiser "Viva Las Vegas" by January 15 th . I agree to write a postdated cheque as an assurance of my commitment. It will be either returned when auction item is received, or cashed after January 15 th . <ul style="list-style-type: none"> • \$50 cheque, postdated January 15th, due on or before my child's first day at the school. 	
→As a member of St James Co-operative Preschool, I understand that fundraising is a part of the fee structure. I agree to be a fundraising member of the school. I agree to write a postdated cheque as an assurance of my commitment. Cheques will be returned once my commitment has been fulfilled. If I have not met my fundraising quota by this date I will pay the balance or have my cheque cashed. <ul style="list-style-type: none"> • \$50 cheque, postdated May 1st, due on or before my child's first day at the school. <i>Enrollment after New Year's Day will reduce the fundraising amount by half. Tax receipts are provided on request for any amounts paid to the directly to the preschool, either as installments or a quota remainder.</i>	
→I understand that member families are required to take part on school cleaning crews. I agree to write a postdated cheque as an assurance of my commitment. This cheque is a deposit for mandatory cleaning and will be returned upon completion of cleaning requirements. <ul style="list-style-type: none"> • \$125 cheque, post-dated May 1st, due on or before my child's first day at the school. 	
→Full participation in all other requirements (Volunteer days, Special Events, Committee, Imagination Station, Snack) as required for your child's program.	
Signature of Parent/Guardian:	Date:

PRIVACY PLEDGE

St. James Co-operative Preschool is committed to protecting the privacy of the personal information of its members and other shareholders. To this end, I, as a member of St James Co-operative Preschool, will value the personal information of the members of St. James and its shareholders and handle it in a secure and sensitive manner. It will only be used for its intended purpose and will not be shared beyond St. James Preschool membership.

I also pledge to treat images (pictures or video) taken at preschool or related events with sensitivity. I recognize that families have different opinions about having images of their children being shared broadly, for instance on social media websites. As much as possible I will only share images of my own child or children, or with the consent of other parents/guardians of other children in the image. If the parent/guardian of a child in a shared image objects to the image, I will delete it from social media to the fullest extent possible.

Signature of Parent/Guardian:

Date:

CO-OP MEMBERSHIP DURATION

I declare that my status as a member of our co-operative organization, St James Co-op Preschool, for the 2019/2020 school year begins on June 1st 2019 (or the date of payment of the family registration fee if after June 1st 2019) and ends September 1st 2020. I waive all rights of membership outside of those dates. I retain my rights as a co-op member for the 2019/2020 school year even if I withdraw my child from the preschool during the year.

Signature of Parent/Guardian:

Date:

Additional Child Information **for class binder*

****New students only**** *To be filled out for returning students only if information has changed*

Child's Full name:

Name child goes by:

Name of Parents:

Occupations?:

Pets:

Physical

Do you have concerns about any of the following for your child:

Speech

Hearing

Please list any health concerns your child has had:

Is your child toilet trained? Yes No

Does your child tire easily? yes No

Does your child nap in the afternoon? Yes No

Social

Does your child have playmates? Yes No

Has your child had contact with adults outside the house? Yes No

Please list other members of the family living at your home (brothers, sisters, grandparents, etc)

Please list names and ages of your child's brothers and sisters:

Please list any previous nursery school or playgroup experience your child has had:

Emotional

Does your child have any fears you are aware of: Yes No

If yes, please list:

What makes your child frustrated:

What are his/her reactions to these frustrations?

How do you think your child will react when they stay and you leave the school?

Interests

What does your child enjoy? (music, singing, stories, outdoor play, etc....)

Is there anything else that you would like to share about your child? *(Please use back if more space is needed)*