For Administrative Use	Start Date:	End Date:



Last Name:

City:

Home Street Address:

Home Telephone:

Work Telephone:

Occupation:

St James Co-operative Preschool 2022/2023 Membership Registration Form

Child's Last Name:	Child's First Name:
All requested information is required by the Ministry Please fill all boxes in this form. Use "n/a" for boxes w If you do not have a home phone number, list a If you do not have a family doctor, list info for a If you work from home, state work from home	which are not applicable to your child/family. A principal cell number to be used. A clinic you use.
Date of Birth:	
Home Street Address:	
City:	Postal Code:
Home Telephone:	
PARENT/ GUARDIAN (1)	

First Name:

Postal Code:

Cell Phone:

Place of Employment:

PARENT/ GUARDIAN (2)		
Last Name:	Firs	t Name:
Home Street Address:		
City:	Pos	tal Code:
Home Telephone:	Cell	Phone:
Occupation:	Pla	ce of Employment:
Work Telephone:	•	
CUSTODY ARRANGEMENTS (if applicable) Are there custody arrangements pertaining to legal right of access to your child that might impact your child's time at the preschool? YES NO If YES, please affirm your concerns:		
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:	Pos	tal Code:
Home Telephone:	Cell	Phone:
Occupation:	Place of Employment:	
Work Telephone:	•	
EMAIL COMMUNICATION		
Email is our primary means of contact with preschool familie communicated by email. You may supply more than one em volunteer shift responsibilities and needs to be informed of providing your email, you are agreeing to receive email noting	iail co	ontact, for instance, where a grandparent is taking on chedule. Please supply at least one email contact. By
Name:		Email:
Name:		Email:
e: Email:		Email:

FAM	ILY PHYSICIAN				
Last I	Name:		First Name:		
Addr	ess:		1		
City:			Postal Code:		
Offic	e Telephone:				
MED	ICAL HISTORY **REQUIRE	D**			
http: and i		ccination form and Public He hool/membership/registrat e registration package.		nunicable Diseases fo	ound on the website:
	e following sections of Ministry of Education	of the registration for on:	m are additior	nal to the inforn	nation required by
CHILI	D PICK-UP AUTHORIZATION	N			
Parei	•	who are permitted to pick-u If your Emergency Contact	• •	•	
	Name	Address	Pho	one	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	—— Aution Bloom
**In the event that an EpiPen is required St James will require	а сору от уо	ur child's Er	nergency 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 treat parents cannot be reached and a delay, in the opinion of the rechild. It is understood that every effort will be made to contact permission to administer the above listed medications in the effective permission.	medical staff, ct the parents	would be d s. This cons	etrimental to the health of my
Signature of Parent/Guardian:	nature of Parent/Guardian:		Date:
EMERGENCY PROCEDURES			
In the event of an emergency at St. James Co-op Preschool, the necessary to evacuate the premises in some situations. When children will be moved to our emergency location. Parents will pick up of their child(ren). Ratios will be maintained until the I	n the decision III be contacte	has been red about th	nade, staff, volunteers, and
Volunteers/caregivers have a responsibility to understand the	emergency p	orocedures	and agree to follow them.
Should the children need to be taken off site I a	m aware t	he emer	gency location is:
The Becketts home, 263 Melville St, Dundas			<i>,</i>
Signature of Parent/Guardian: Date:		Date:	

Field Trip Permission Form

Your child's class may attend outdoor education/recreational excursions as part of their daily routine.

Outdoor Lawn Play
/Neighbourhood Walks

!				
Date	Throughout the school year Time During class			
Location	Neighbouring streets, church grounds			
Cost	None	None		
Transporta on	walking Walking	Walking		
Notes	These excursions may take place on the church activities for all classes or for Kid's Club, Word I may include walks around the neighbourhood for breath of fresh air to learn about our communit excursions or outdoor play are at the teacher's permitting. Please note, trips with designated of separate trip form.	Detectives and look or physical exerty and nature. It discretion and the discretion and t	PrintWbrks, it cise and a These weather	
Date	Signature of Parent / Guardian			

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 Cooperative 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 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 will 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 under	stand 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 failu review of my participation in the nursery school by the Executive Board of St. James C			
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. O 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. O 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.	, annua a maga ta da da da da m crant		
Signature of Parent/Guardian:	Date:		
INFORMATION RELEASE CONSENT			
In the course of the school year, representatives and staff of St. James Co-operative Preschool may be required to share family contact information, including email and phone numbers, among council members in relation to fulfilling council duties (such as emergency phone tree, emails regarding upcoming events, scheduling duties, etc.). O I am aware that my contact information will be shared among council and staff members only for the purposes of fulfilling preschool related duties and participation.			
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Signature of Parent/Guardian: Date:			

REGISTRATION INF	ORMATION			
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 enrollment. Due to the province-wide initiative to lower childcare costs, the below daily rates are subject to change. They will not be higher, but we are hopeful that there will be a reduction in the pricing that is listed. We will continue to update you with any changes once we are given more information from the province and city.				
☐ Super Stars	With duty: \$57 per month X number of days below ☐Monday ☐ Wednesday ☐ Friday *Duty is mandatory for the Super Stars Program	9:15am - 11:30am For children born in 2020.		
☐ Kids Club	Non-duty: \$80 per month X number of days below Tuesday Wednesday Thursday Friday *Please contact the school if you are interested in participating in cleaning duty responsibilities, which reduces the program rate for Kids Club	9:00am - 11:45am For children born in 2018 and 2019.		
☐ Full-day Kids Club	Non-duty: \$160 per month X number of days below Tuesday Wednesday Thursday *Please contact the school if you are interested in participating in cleaning duty responsibilities, which reduces the program rate for Kids Club	9:00am - 2:30pm For children born in 2018 and 2019. Hot catered lunch included.		
☐ Alphabet Soup	□Tuesday \$75 per month, including lunch. <i>Non-duty</i>	11:45am - 2:30pm For children born in 2018 and 2019. (Note: This is an afternoon component of Tuesday Full-day Kids Club) **		
□Wiggles & Squiggles	☐ Wednesday \$75 per month, including lunch. <i>Non-duty</i>	11:45am - 2:30pm For children born in 2018 and 2019. (Note: This is an afternoon component of Wednesday Full-day Kids Club) **		
□ Kaboom!	☐ Thursday \$75 per month, including lunch. <i>Non-duty</i>	11:45am - 2:30pm For children born in 2018 and 2019. (Note: This is an afternoon component of Thursday Full-day Kids Club) **		
Full-day Word Detectives (Associate Member Class)*	☐ Monday \$125 per month (\$140 if first Associate Member class) Non-duty	9:00am - 2:30pm For children born in 2017 and 2018. Students bring packed lunch.		
☐ Afterschool Print Works (Associate Member Class)*	Tuesday or Thursday \$55 per month (\$70 if first Associate Member class)	3:15pm - 5:00pm For children born in 2016 and 2017.		
Families with childr	BERS - Families with children enrolled only in classes other that en only enrolled in afternoon programming are exempt from a e exception of tuition fees, cleaning requirements and Viva sig	all financial and committee		

ENROLMENT PLEDGE
→I hereby enroll my child for the school year which runs from the second Monday in September to the last week in May; the 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 total fee of \$95 is due at the time of registration. Of the \$95 enrollment fee, \$75 is a non-refundable family registration fee, payable once per family to secure a place (or places) in preschool programs. \$20 is a refundable meeting deposit, which will be returned to you if you attend the first General Meeting in September.
→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. Cheques must be made payable to: St. James Co-operative Nursery School of Dundas
→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.

Date:

FULL MEMBER COMMITMENTS (EXEMPT FOR ASSOCIATE MEMBERS AND AFTERNOON ONLY MEMBERS)

→Duty enrollment is mandatory Super Stars and must be fulfilled throughout the entire year.

- →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 \$20 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 enrollment fee. My \$20 General Meeting deposits are returned to me when I attend each of the three general meetings.
 - \$40 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 (\$75 value) for our annual major fundraiser Event by January 15th. I agree to write a postdated cheque as an assurance of my commitment. It will be either returned when the auction item is received, or cashed after January 15th.
 - \$75 cheque, post dated 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 to any fundraising endeavors that the school takes on.
 - \$50 cheque, postdated December 31st, due on or before my child's first day at the school.
 - \$50 cheque, postdated May 1st, due on or before my child's first day at the school.

If enrollment occurs after New Year's Day, only the second postdated cheque will be required. Tax receipts are provided on request for any amounts paid to the directly to the preschool, either as installments or a quota remainder.

- →I understand that member families are required to take part in 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.
 - \$125 cheque, post-dated May 1st, due on or before my child's first day at the school.
 - ** AFTERNOON ONLY MEMBERS ARE NOT EXEMPT FROM THIS REQUIREMENT

Please note, the above fees may be reduced based on the provincial childcare cost reduction initiative.

We will update you once we have received more information from the province and the city.

Signature of Parent/Guardian:

→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			
TRIVACIFIEDGE			
St. James Co-operative Preschool is committed to protecting the privacy of the person other shareholders. To this end, I, as a member of St James Co-operative Preschool, wo fithe members of St. James and its shareholders and handle it in a secure and sensiti its intended purpose and will not be shared beyond St. James Preschool membership.	ill value the personal information ve manner. It will only be used for		
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 PARTICIPATION			
As a member of St. James Co-op Preschool, I declare to participate as a contributing member, working with other families and the school committee whenever necessary and as needed, following the policies of the preschool.			
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 2022/2023 school year begins on June 1 st , 2022 (or the date of payment of the family registration fee if after June 1 st 2022) and ends September 1 st 2023. I waive all rights of membership outside of those dates. I retain my rights as a co-op member for the 2022/2023 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? Oyes ONo
Does your child nap in the afternoon? OYes No
Social
Does your child have playmates? \(\text{Yes} \) \(\text{No} \)
Has your child had contact with adults outside the house? OYes ONo
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 flatfies 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: OYes ONo 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 singles stories outdoor play etc.)
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)