

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

2024/2025 Membership Registration Form

Child's Last Name:	Child's First Name:
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All requested information is required by the 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.

Date of Birth:

Home Street Address:

City:	Postal Code:
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Home Telephone:

PARENT / GUARDIAN (1)

Last Name:	First Name:
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Home Street Address:

City:	Postal Code:
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Cell Phone:	Work Phone:
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PARENT / GUARDIAN (2)

Last Name:	First Name:
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Home Street Address:

City:	Postal Code:
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Cell Phone:	Work Phone:
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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:

Postal Code:

Home Telephone:

Cell Phone:

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. By providing your email, you are agreeing to receive email notifications from the school and committees.

Name:

Email:

Name:

Email:

Name:

Email:

FAMILY PHYSICIAN

Last Name:

First Name:

Address:

City:

Postal Code:

Office Telephone:

MEDICAL HISTORY **REQUIRED**

Please be sure to fill out the Vaccination form and Public Health List of Communicable Diseases found on the website: <http://stjamescoop.com/preschool/membership/registration/> and include these forms with the registration package.

SPECIAL MEDICAL CONCERNS:

For the medical safety of your child, an Individual Emergency Plan may be implemented for your child.

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:

For the medical safety of your child, an Individual Emergency Plan may be implemented for your child.

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

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.				

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 moved to our emergency location. Parents will be contacted about the move and will need to arrange pick up of 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 off site I am aware the emergency location is:

The Beckett's Home, 263 Melville St, Dundas

Signature of Parent/Guardian:

Date:

FIELD TRIP PERMISSION FORM

Your child's class may attend outdoor educational/recreational excursions as part of their daily routine.
Outdoor Lawn Exploration /Neighbourhood Walks

DATE	Throughout the school year
LOCATION	Neighbouring streets, church grounds, Matilda Park
TIME	During class time
COST	none
TRANSPORTATION	Walking
NOTES	These excursions may take place on the church grounds to supplement classroom activities of any of the programs at the preschool. It may include walks around the neighbourhood for physical exercise and a breath of fresh air or to learn about the community and nature. These excursions or outdoor activities are at the teacher's discretion and weather permitting. Please note, trips with designated destinations will generate a separate trip form.
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 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 their 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 they are 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 their 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

During 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:

INFORMATION RELEASE CONSENT

During 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.).

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.

Signature of Parent/Guardian:

Date:

Fee Schedule for September 2024 / June 2025 under CWELCC

Base Fees

<i>Class</i>	<i>Amount</i>	<i>Explanation</i>
Toddler "Superstar"	Daily: \$12 Monthly: \$55 per each day enrolled weekly	Lowest base rate allowed under CWELCC
Preschool "Kid's Club"	Daily: \$19 Monthly: \$85 per each day enrolled weekly	Reduced 52.3 % of 2021 based fees of \$40 daily
Preschool "KinderGrow"	Daily: \$19 Monthly: \$420, 5 days weekly Monday to Friday	Reduced 52.3% of 2021 based fees of \$40 daily

Non-Base Fees

<i>Commitment</i>	<i>Explanation</i>	<i>Amount</i>
Registration Fee	To build an initial entry package for each child	\$83 per family Includes \$60 refundable fees for attending mandatory General Meetings. \$20 returned at each of the three general meetings attended. (Sept, Jan, May)
Viva	Annual Fundraiser. Check required at the beginning of the school year. This event helps provide funds to cover program costs incurred by the preschool over the course of the year.	\$100 check per family to be cashed at the end of January if no prize item is donated to the Viva Las Vegas auction before January 31st
Cleaning Fee	To cover the cost of hiring an outside cleaning service	\$125 per family yearly

Fees for 2024/2025

Note: Tuition is based on a 42 week schedule, divided into 9 payments with no June payment 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 could be subject to change based on enrollment.

<p>Superstars</p>	<p>\$55 monthly x number of days below</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Friday</p>	<p>9AM to 11:30AM</p> <p>- For children born in 2022</p> <p>- Max of 10 children</p>
<p>Kids Club Full day</p>	<p>\$85 monthly x number of mornings below</p> <p><input type="checkbox"/> Monday - Do Re Me Musical Games PM</p> <p><input type="checkbox"/> Tuesday - Alphabet Soup PM</p> <p><input type="checkbox"/> Wednesday - Wiggles & Squiggles PM</p> <p><input type="checkbox"/> Thursday - Kaboom STEM activities PM</p> <p><input type="checkbox"/> Friday - Food Play PM</p> <p>An Initial half day program in the morning is available for those children who need to gradually ease into a full day of preschool.</p> <p>There is no change to the monthly cost.</p>	<p>8:45AM to 2:30PM</p> <p>- For children born in 2021</p> <p>- Catered lunch provided.</p> <p>- Max of 14 children</p>
<p>KinderGrow</p>	<p>\$1700 per term (Sept to Dec) (Jan to May)</p> <p><input type="checkbox"/> Monday to Friday</p>	<p>8:45AM to 2:30PM</p> <p>- For children born in 2020</p> <p>- Children bring their own lunch.</p> <p>- Max of 10 children</p>
<p>Afterschool Printworks (Associate Member Class)*</p>	<p>\$65 monthly for Tuesdays</p> <p>\$65 monthly for Thursdays</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Thursday</p>	<p>3:15PM – 5:00PM</p> <p>-For children born in 2018 and 2019.</p> <p>- Max of 10 children</p>

*ASSOCIATE MEMBERS are families who **only** attend Printworks*

- Registration forms, Registration fee (\$83 **per family**), September fee must be received before your child's place in the class is secured.

- In September, upon starting, VIVA and Cleaning Fees are due (\$225 **per family**)

* Please note in the fees chart on the previous page, as of January 2024, fees reflect the 52% contribution from the CWELCC program to a minimum of \$12 daily

*Monthly fee is calculated on 42 weeks divided by 9 payments with no June payment for convenience.

*The 2024/2025 school year is September 3rd, 2024 - June 13th, 2025.

*Please note the first week of school in September is for classroom set up for Teachers.

September 3rd to 6th

*Interview Day and Open House is September 5th.

*There are 2 weeks of holidays: December 20th to January 6th and one week of March Break.

March 10th thru 14th, plus statutory holidays and two possible PD days per school year.

PAYING FEES		
<i>Method</i>	<i>To</i>	<i>Due</i>
By check	Make payment to: St James Cooperative Nursery School of Dundas	For Superstars, Kids Club and Printworks: 8 Postdated checks due prior to the start of the school year. For KinderGrow: 2nd term check dated for Jan 1st due prior to start of the preschool
By Bank Transfer	E-transfer to sjcpmembership@gmail.com	For Superstars, Kids Club and Printworks: On the first day of each month October thru May. For KinderGrow: final tuition installment due Jan 1st for 2nd term

Your child's class position at the preschool is secure once:

- The Preschool Registration form is received.
- Registration fee of \$83 per family is received.
- First month's tuition has been received by check or e-transfer for Superstars, Kids Club, Printworks, or First Term tuition for KinderGrow has been received by check or e-transfer.

START DATES		
<i>Class</i>	<i>Start Day</i>	<i>Comment</i>
Toddler "Superstars"	Friday September 13 th - with parent at preschool	September 9 th to 12 th for home visits. Monday September 16 th - 1st regular day at preschool
Preschool "Kids Club"	Hike Monday September 9 th - 9am to noon	Group will meet for a morning hike along the rail trail on September 9 th . September 10 th - start of regular classes at the preschool
KinderGrow	Monday September 9 th	Start of regular classes at the preschool
Printworks	Tuesday September 10 th Thursday September 12 th	Start of regular after school Tuesday classes Start of regular after school Thursday classes

ENROLMENT PLEDGE

→ I hereby enroll my child for the school year which runs for 42 weeks including holidays from the first Tuesday in September (See individual class start dates) to the end of the second week in June. The September schedule may be staggered in years with high enrollment. I understand that St. James' is a cooperative school requiring parent participation.

→ I understand that a total fee of \$83 is due at the time of registration. Of the \$83 enrollment fee, \$23 is a *nonrefundable* family registration fee, payable once per family to secure a place (or places) in preschool programs. \$60 is a *refundable* meeting deposit, of which \$20 will be returned to you at each general meeting you attend - September, January, May.

→ I understand that monthly tuition checks for the entire school year are to be submitted on the day of the 1st general meeting in September of that school year for Superstars and Kids Club, or before my child's first day at the school and must be post-dated for the 1st of each month or monthly fees may be e-transferred on the first of each month for Superstars and Kids Club. KinderGrow's tuition for second term is due by check or e-transfer for January 1st 2025.

Checks must be made payable to:

St. James Co-operative Nursery School of Dundas or E-Transfers to sjcpmembership@gmail.com

→ 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.

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:

PRESCHOOL OBLIGATIONS

→ As a member of St James Co-operative Preschool, I understand that a \$100 check dated for January 31st, 2025, is required at the start of my child's school year to cover my contribution to the preschool's annual fundraiser Viva Las Vegas. I can prior to January 31st exchange the check by contributing a prize package worth a minimum of \$100 and my check will be returned to me.

→ I also understand that I will also help with the execution of this event by volunteering my time and efforts to cover one job prior to the event, the day of, during or at the conclusion of the event. This is separate from volunteering for the Viva Committee.

→ As a member of St James Co-operative Preschool, I will offer my time and efforts to fulfill one volunteer job opportunity over the course of the year. It may be a one-time event (help set up for Pumpkinfest), an ongoing task – share weekly laundry duties with several other families or making playdough 3-4 times a year or becoming a member of the preschool executive by attending monthly meetings and being involved with the decision making of the preschool.

→ As a member of St James Co-operative Preschool, I understand fundraising opportunities are available several times over the course of the year that I am free to participate in. Profits raised from these campaigns are for the benefit of the preschool.

→As a Kids Club member I help to create one themed room in the Imagination Station with a group of other parents.
Themed room.

→As a member of St James Co-operative Preschool I understand a \$125 check or e-transfer is required at the start of the school year to cover my share of expenses to cover the hiring of a firm and/or individual to maintain the cleanliness of the school premises.

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 2024/2025 school year begins on July 1st, 2024 (or the date of payment of the family registration fee if after July 1st, 2024) and ends September 1st, 2025. I waive all rights of membership outside of those dates. I retain my rights as a co-op member for the 2024/2025 school year even if I withdraw my child from the preschool during the year.

Signature of Parent/Guardian:

Date:

Please fill out the following:

*Hamilton Public Health Immunization Form for Preschool Participation is on the following page. Please fill out and return to the preschool or provide proof that you have submitted this info to Hamilton Public Health at <https://www.hamilton.ca/people-programs/publichealth/vaccines-immunizations>

*Public Health List of Communicable Diseases

*Additional Information Sheet of your child

School Vaccine History

IMPORTANT INSTRUCTIONS

Complete this form and return it to Public Health Services Vaccine Program by:

Mail: Vaccine Program, P.O. Box 897, Hamilton, ON, L8N 3P6
Phone: 905-540-5250 (Monday to Friday 8:30 a.m. - 4:30 p.m.)
Fax: 905-546-4841
In person: Hamilton Public Health Services, 110 King Street West, 2nd Floor
Online: www.hamilton.ca/reportingvaccines (no form needed)

DO NOT GIVE THIS INFORMATION TO THE SCHOOL

Student Information

Student's Family/Last Name			Student's First Name(s)			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Has there been a change in the child's family/last name?			<input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, other Family/Last Name		
Date of Birth			School					
year	month	day						

Parent/Guardian Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Parent/Guardian Family/Last Name if different than above			Parent/Guardian First Name(s)		
Address			City		Postal Code
Home Phone () ()	Work Phone () ()	Language		Country of Origin	
Family Doctor and Telephone Number					

VACCINE RECORD

Write your child's vaccination dates and check ✓ the vaccines given or attach a copy of the record.

Year	Month	Day	D= Diphtheria	T= Tetanus	aP= Pertussis	P= Polio is given by needle or by mouth		Hib= Haemophilus b	Pneumococcal	Rot= Rotavirus	Men-C-C= Meningococcal C	M= Measles	M= Mumps	R= Rubella	Var= Varicella	MMRV= Measles, mumps, rubella, varicella	Vaccines given in Grade 7 in Ontario			Other:	
						IPV= needle	OPV= mouth										HB= Hepatitis B	Men-C-ACYW= Meningococcal ACYW	HPV= Human Papillomavirus		
Parent or Guardian Signature:														Date:							

Public Health List of Communicable Diseases

Please circle all that apply to your child.

A report must be made to Hamilton Public Health Services as soon as possible when it is known that a child, member of the staff, or volunteer has or may have a disease of public health significance (list below). Call 905-546-2063 to make a report. It is not necessary to confirm or get a diagnosis from a physician prior to reporting an infectious disease. Reports to Hamilton Public Health Services may be made on the basis of information obtained from the child's parent or based on the observations by the staff. Below is the list of diseases of public health significance that must be reported as per [Ontario Regulation 135/18](#);

Acquired Immunodeficiency Syndrome (AIDS)	Gastroenteritis, outbreaks in institutions and public hospitals	Paralytic Shellfish Poisoning
Acute Flaccid Paralysis	Giardiasis, except asymptomatic cases	Paratyphoid Fever
Amebiasis	Gonorrhoea	Pertussis (Whooping Cough)
Anthrax	Group A Streptococcal disease, invasive	Plague
Blastomycosis	Group B Streptococcal disease, neonatal	Pneumococcal disease, invasive
Botulism	Haemophilus influenzae disease, all types, invasive	Poliomyelitis, acute
Brucellosis	Hantavirus pulmonary syndrome	Psittacosis/Ornithosis
Campylobacter enteritis	Hemorrhagic fevers, including: Ebola virus disease, Marburg virus disease, Lassa fever, and other viral causes	Q Fever
Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization	Hepatitis A, viral	Rabies
Chancroid	Hepatitis B, viral	Respiratory infection outbreaks in institutions and public hospitals
Chickenpox (Varicella)	Hepatitis C, viral	Rubella
Chlamydia trachomatis infections	Influenza	Rubella, congenital syndrome
Cholera	Legionellosis	Salmonellosis
Clostridium difficile infection (CDI) outbreaks in public hospitals	Leprosy	Severe Acute Respiratory Syndrome (SARS)
Creutzfeldt-Jakob Disease, all types	Listeriosis	Shigellosis
Cryptosporidiosis	Lyme Disease	Smallpox
Cyclosporiasis	Measles	Syphilis
Diphtheria	Meningitis, acute, including: bacterial, viral and other	Tetanus
Echinococcus multilocularis infection	Meningococcal disease, invasive	Trichinosis
Encephalitis, primary, viral	Mumps	Tuberculosis
Encephalitis, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified	Ophthalmia neonatorum	Tularemia
Food poisoning, all causes		Typhoid Fever
		Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS)
		West Nile Virus Illness
		Yersiniosis

Child's Name:

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 Mobility Vision

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 their 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)*