

***ATTENTION: THIS FORM NEEDS TO BE PRINTED AND SUBMITTED IN PERSON. IT WILL NOT BE ACCEPTED VIA EMAIL.**

For Administrative Use ONLY	REGISTRATION PAYMENT:	SEPTEMBER PAYMENT:	VIVA PAYMENT:
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St James Co-operative Preschool

2025/2026 Membership Registration Form

Child's <u>Last</u> Name:	Child's <u>First</u> 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:
Home Telephone:	

PARENT / GUARDIAN (1)	
Last Name:	First Name:
Home Street Address:	
City:	Postal Code:
Cell Phone:	Work Phone:

PARENT / GUARDIAN (2)	
Last Name:	First Name:
Home Street Address:	
City:	Postal Code:
Cell Phone:	Work Phone:

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:

COMMUNICATION

Email and the DOJO app are our primary means of contact with preschool families. 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 via email. Please supply at least one email contact. By providing your email, you are agreeing to receive email notifications from the school and/or executive and DOJO messages from your child(ren)'s teachers.

Name:

Email:

Name:

Email:

Name:

Email:

FAMILY PHYSICIAN

Last Name:

First Name:

Address:

City:

Postal Code:

Office Telephone:

MEDICAL HISTORY **REQUIRED**

The Vaccination Form and Public Health List of Communicable Diseases found on pages 11 and 12 of this registration form **MUST** be completed.

SPECIAL MEDICAL CONCERNS:

For the medical safety of your child, an Individual Emergency Plan (IEP) will be forwarded to you to fill out and then you will receive a follow up phone call to confirm the information provided. The IEP will then be made available to staff and the Ministry of Education.

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 (IEP) will be forwarded to you to fill out and then you will receive a follow up phone call to confirm the information provided. The IEP will then be made available to staff and the Ministry of Education.

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 (Mrs. B - KinderGrow Teacher) - 106 Victoria Street, Dundas, L9H 2C3

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, such as outdoor lawn exploration or 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. **Families may withdraw their permission at any time.**

- ☐ I give permission for full photo release (inside the preschool; walls, craft projects, and/or on the DOJO app, within the community, web presence, newsletters, or craft projects).
- ☐ I give permission for partial photo release (inside the preschool; walls, craft projects, and/or on the DOJO app) **only**.
- ☐ I do not give permission to have my child's photo taken at St. James Co-operative Preschool.

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 emails regarding upcoming events, connecting families that may share 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 2025 / June 2026 under CWELCC

Base Fees

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

* Please note in the fees chart above, as of January 2024, fees reflect the 52.3% contribution from the CWELCC program to a minimum of \$12 daily.

Non-Base Fees *required upon registration*

<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 (Sept, Jan, May) only if they are attended.
VIVA Fee	Annual Fundraiser. This event helps provide funds to cover program costs incurred by the preschool over the course of the year.	\$100 per family E-transfer or Postdated Cheque (Dated January 31st). This payment will be refunded if a prize item (equal to \$100 or more) is donated to the Viva Las Vegas auction before January 31st. If a donation was not made, the payment will be used by the committee to purchase a prize for the event.

Fees for 2025/2026

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.

Superstars	Monthly: \$55 x number of weekdays enrolled <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday	9AM to 11:30AM - For children born in 2023 - Max of 10 children
Kids Club Full day	Monthly: \$85 x number of weekdays enrolled <input type="checkbox"/> Monday - Do Re Me Musical Games PM <input type="checkbox"/> Tuesday - Alphabet Soup PM <input type="checkbox"/> Wednesday - Wiggles & Squiggles PM <input type="checkbox"/> Thursday - Kaboom STEM activities PM <input type="checkbox"/> Friday - Food Play PM An initial half day program can be accommodated. There is no change to the monthly cost.	8:45AM to 2:30PM - For children born in 2022 - Catered lunch provided. - Max of 14 children
KinderGrow	\$1700 per term (Sept to Dec) (Jan to May) <input type="checkbox"/> Monday to Friday	8:45AM to 2:30PM - For children born in 2021 - Children bring their own lunch. - Max of 10 children
Afterschool Printworks (Associate Member Class)* *ASSOCIATE MEMBERS are families who only attend Printworks*	\$65 monthly for Tuesdays <input type="checkbox"/> Tuesday	3:15pm to 5:00pm -For children born in 2020 - Max of 10 children

Registration Forms, Registration Fee (\$83 per family), VIVA Fee (\$100 per family) and September Fee must be received before your child's place in the class is secured.

IMPORTANT DATES:

- * The 2025/2026 school year is September 2nd, 2025 - June 12th 2026.
- **Please note the first week of school in September is for classroom set up for Teachers (September 2nd to 5th)**
- * Interview Day and Open House is September 4th, 2025.
- * There are 2 weeks of Winter Holidays: **December 22nd to January 2nd, 2025.**
- * One week of March Break: **March 16th thru 20th, 2026.**
- * Plus, Statutory Holidays and two possible PD days per school year (will give notice in the school year).

PAYING FEES		
<i>Method</i>	<i>To</i>	<i>Due</i>
By Bank Transfer (preferred)	E-transfer to sjcpmembership@gmail.com <i>*With e-transfer, there is an option for monthly automated payments.</i>	For Superstars, Kids Club and Printworks: 8 transfers made on the 1 st of each month (October to May) For KinderGrow: final tuition installment due Jan 1st for 2nd term.
By cheque	Make payment to: St. James Cooperative Nursery School of Dundas <i>*Cheque will not be valid if it is made out to any other name.</i>	For Superstars, Kids Club and Printworks: 8 postdated cheques dated for the 1 st of each month (October to May) due prior to the start of the school year. For KinderGrow: 2nd term cheque dated for Jan 1 st , due prior to start of the school year.

* 8 payments are made October to May as the 9th payment was already made in September upon registration.

* 2 late payments will result in the requirement of postdated cheques for the remainder of the year.

START DATES		
<i>Class</i>	<i>Start Day</i>	<i>Comment</i>
Toddler "Superstars"	Friday September 12 th - with parent at preschool	September 8 th to 11 th for home visits. Monday September 15 th - 1st regular day at preschool
Preschool "Kids Club"	Hike Monday September 8 th - 9:00am to noon - NO CLASS IN THE AFTERNOON	Group will meet for a morning hike along the rail trail on September 8 th September 9 th - Start of regular classes at the preschool
KinderGrow	Monday September 8 th	Start of regular classes at the preschool
Printworks	Tuesday September 9 th	Start of regular after school Tuesday 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 Preschool is a cooperative school requiring parent participation.

→ I understand that a total fee of \$183 is due at the time of registration which consists of a \$100 VIVA fee and a \$83 registration fee. Of the \$83 registration fee, \$23 is a *nonrefundable* family enrollment 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 me at each mandatory general meeting I attend in September, January, and May.

→ I understand that monthly tuition payments for Superstars, Kids Club or Printworks are to be e-transferred to **sjcpmembership@gmail.com** on the 1st of each month from October to May. If I am paying via cheque, I understand that tuition cheques for the entire year (October to May) are to be submitted no later than the first general meeting in September 2025, must be post-dated for the 1st of each month and made payable to **St. James Co-operative Nursery School of Dundas**.

→ I understand that KinderGrow's tuition for the second term is due via e-transfer **on** January 1st, 2026 or via cheque dated January 1st, 2026.

→ I understand any 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. *(For more information, please see section 4.3 of the Parent Handbook.)*

Signature of Parent/Guardian:

Date:

PRESCHOOL OBLIGATIONS

→ As a member of St. James Co-operative Preschool, I understand that a payment of \$100 is required upon registration to cover my contribution to the preschool's annual fundraiser Viva Las Vegas. I can, prior to January 31st, donate a prize worth a minimum of \$100 and my payment 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.

→ I understand that if I am a Kids Club member, I am committed to help to create one themed room in the Imagination Station with a group of other parents.

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 2025/2026 school year begins on July 1st, 2025 (or the date of payment of the family registration fee, if after July 1st, 2025) and ends September 1st, 2026. I waive all rights of membership outside of those dates. I retain my rights as a co-op member for the 2025/2026 school year even if I withdraw my child from the preschool during the year.

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:

Have you provided everything to secure your spot? Check here!

- ☐ The Preschool Registration form is filled out and all the appropriate boxes have been signed and dated.
- (including the Vaccination Form and Public Health List of Communicable Diseases below)
- ☐ Registration fee of \$83 per family and VIVA fee of \$100 per family has been sent via e-transfer or cheque.
- ☐ First month's tuition has been sent via e-transfer or cheque (with the current date) for my child's program.

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:						

*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. 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)*