



REGISTRATION PACKAGE 2017-2018

Prior to enrolment to King City Co-Op Nursery School, the following forms must be completed, signed and submitted along with all fees. Please print clearly.

- Registration Form
- Student's Personal History
- Student's Medical History, including copy of yellow Immunization Record book from student's doctor.

- Consent Form
- Anaphylactic Forms
- Anaphylactic Food Allergies
- Protection of Confidential Information
- Membership Agreement
- Take Home Authorization
- School Lunch Program
- Emergency Contact Card
- Handwritten note signed by a parent/guardian saying that the student has permission to eat lunch at the King City Co-Op Nursery School

- \$50 non-refundable Registration Fee for new families to KCNS. \$20 Registration Fee for returning families (consecutive years)

- Payment of Tuition (1st payment for September tuition) due upon completion of registration plus registration fee (\$50 New Families or \$20 Returning Families) and the remaining 9 cheques October to June dated for the 1st of the month.



REGISTRATION FORM

Registrar Use only

Date Received: _____

Date of Admission: _____

STUDENT INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth (DD/MM/YYYY): _____ / _____ / _____ Male Female

Address: _____ Apt.#: _____

City: _____ Postal Code: _____

Home Phone #: _____

Family Email Contact: _____

PARENT/GUARDIAN INFORMATION

#1. Last Name: _____ First Name: _____

Relationship to Child: _____ Home Phone #: _____

Cell Phone #: _____

Home address (if different from child): _____ Apt # _____

City: _____ Postal Code: _____

Place of Employment: _____

Address: _____

City: _____ Business Phone#: _____



#2. Last Name: _____ First Name: _____

Relationship to Child: _____ Home Phone #: _____

Cell Phone #: _____

Home address (if different from child): _____ Apt # _____

City: _____ Postal Code: _____

Place of Employment: _____

Address: _____

City: _____ Business Phone#: _____



STUDENT'S PERSONAL HISTORY

FAMILY INFORMATION

Other Members of Household:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

TOILET TRAINING

Is your child toilet trained?

During the day: Y N Date achieved: _____

During the night: Y N Date achieved: _____

Does your child let you know when he/she has to use the bathroom? Y N

Is there any information we should be aware of that may affect your child's behaviour? For example, divorce, family illness, recent death, dad/mom travels for work etc.

Primary language spoken at home: _____

Other language(s): _____

Does your child have any religious, cultural, or lifestyle dietary restrictions: Y N

Please explain: _____

Date of Admission _____



WAIVER & PERMISSION TO SEEK MEDICAL ATTENTION

In case of illness or accident to my child, while at the Nursery School, or on an Excursion, I agree to allow the staff to obtain the necessary medical attention.

Any costs incurred will be the parent's responsibility.

Signature of Parent

Date

Witness

Date

Date of Admission_____



Date of Admission _____

STUDENT'S MEDICAL HISTORY

Doctor's Name: _____ Phone #: _____

MEDICAL HISTORY

Doctor's Address: _____ Unit #: _____

City: _____ Postal Code: _____

Does your child have any known allergies: Y N

Allergy: _____ Mild Moderate Severe Anaphylactic

Allergy: _____ Mild Moderate Severe Anaphylactic

Allergy: _____ Mild Moderate Severe Anaphylactic

Allergy: _____ Mild Moderate Severe Anaphylactic

Explain in detail:

Does your child have any other medical issues or conditions? Y N

Provide details:



STUDENT'S MEDICAL HISTORY (Continued)

Does your child take any medications on a regular basis? Y N

Provide details:

Has your child ever had any of the following?

Eye test: Y N

Hearing test: Y N

Provide details:

Does your child have any special needs or disabilities? Y N

Provide details:

Record of Student's Immunization

A copy of your child's Immunization record is required. You may photocopy BOTH SIDES of YOUR CHILD'S CURRENT Form.



MICELLANEOUS

Does your child have any fears? Y N

Provide details:

Does your child experience separation anxiety? Y N

Please explain:

Does your child use aggressive behaviour to communicate (pushing, biting, hitting)? Y N

Please explain:

Has your child previously attended any organized classes? Y N

Type of program(s):

How long did he/she attend?

Was it a positive experience? Y N



CONSENT FORM

Child's Name: _____

A. I/we _____, consent for my child to use all play equipment and to participate in activities and short excursions (for example walks in the neighbourhood), while enrolled at King City Co-op Nursery School.

Signature of parent/guardian

Date

B. I/we _____, consent to release my child's name, family phone number and email address for the purpose of a class list to be distributed to current KCNS families.

Signature of parent/guardian

Date

C. I/we _____, consent to my child's photograph or name to be used for publicity or advertising purposes for KCNS.

Signature of parent/guardian

Date

D. I/we _____, consent for my child to receive emergency medical care in the event that the parent/guardians cannot be contacted.

Signature of parent/guardian

Date

Date of Admission _____



ANAPHYLAXIS POLICY

Anaphylaxis" means a severe systemic allergic reaction which can be fatal resulting in circulatory collapse or shock.

According to the Ministry of Children & Youth Services Day Nurseries Act 2.11.28-29, as of May 2007 this provision aligns with Sabrina's Law, 2005 & must be STRICTLY followed as per the Province of Ontario licensing & the Ministry of Community & Social Services (MCSS).

All programs must now have a written anaphylactic policy which includes:

- A strategy to reduce the risk of exposure to anaphylactic causative agents.
- A communication plan for the provision of information on life-threatening allergies including anaphylactic allergies.
- An individual plan that includes an emergency procedure for EACH CHILD that has an anaphylactic allergy.
- Parent initiated training** from a physician or a parent/guardian on procedures to be followed if a child has or has had an anaphylactic reaction.
- No child shall be permitted on the grounds of KCNS without an Anaphylaxis Emergency Response Plan in place and personal medication (i.e. Epi-pen) on the premises
- A list will be posted and revised as necessary depending on the life threatening allergies of the children enrolled. (At KCNS this is posted in the Kitchen, Hallway and Classroom).

I/we _____ am/are aware that no outside food is permitted on school grounds. Exceptions due to dietary restrictions are permitted, and must be approved in advance by the supervisor.

I/we _____ am/are aware that it is our responsibility as parents to notify KCNS of all allergies and potential reactions.

I/we _____, am/are aware that if my/our child is anaphylactic I must fill out an Anaphylaxis Emergency Response Plan. No anaphylactic child shall be permitted on the grounds of KCNS without an Anaphylaxis Emergency Response Plan in place and personal medication (i.e. Epi-pen) on the premises.

Signature of parent/guardian

Date

Date of Admission_____



PROTECTION OF CONFIDENTIAL INFORMATION

This form is designed to inform parents/caregivers of their responsibilities to protect any confidential information discussed with them during their period of involvement with King City Co-Op Nursery School. We are committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services we provide. We also try to be open and transparent as to how we handle personal information.

I/we _____ have been made aware of the confidential nature of information concerning children and their families, and the confidentiality of such information will be respected. The unauthorized disclosure of that information to another party would be in violation of the Personal Information Protection and Electronic Documents Act (PIPEDA) covering the collection, use or disclosure of personal information. Student information shall not be released to any other agency without signed authorization from the parent(s).

I/we will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal or other such abuse. This includes responsible disposal of confidential documents.

I/we will have no obligation to keep confidential any information that is specifically required by law.

Signature of parent/guardian

Date

Date of Admission _____



MEMBERSHIP AGREEMENT

Child's Name: _____

I/we _____

understand that the King City Co-op Nursery School is an organization whose successful operation depends on the participation and sharing of responsibilities of all the families enrolled. We agree to participate by doing all of the following:

Meetings: Attending the General Meetings, for the purpose of school business, orientation and education.

Committees: Working responsibly on one committee by doing the necessary work and attending the requisite meetings. It is our (my) responsibility to arrange for a substitute (by contacting another parent / family) should we (I) be unable to perform our scheduled duties.

Finance: Paying the fees as outlined in the Parent Handbook, and supporting fundraising activities as planned by the membership
Withdrawal: Parental Withdrawal: The school must receive 30 days advance written notice of the withdrawal of a child, or one month's fees will be forfeited. Please note that a partial month's refund is not given.

School Dismissal: A period of 6 - 8 weeks is allowed for a child to settle into the school routine. Should the Supervisor determine that your child is not ready for or not benefiting from the program, or if at any time the parent(s) are not participating as required by the program the parent will be asked to withdraw their child with TWO (2) week notice. Monies will be adjusted accordingly.

Administration: Adhering to the principles, policies and procedures of the King City Co-Op Nursery School, as outlined in the Parent Handbook

For a successful school, and for positive, enjoyable relationships among the parents, Board, the children and the teachers, we consent to abide by the Agreement outlined above.

Signature of parent/guardian

Date

Date of Admission_____



KCNS EMERGENCY CARD FOR 2017/2018

Child's Full Name: _____ **Home Phone #:** _____

Child's Address: _____

#1 Parent/Guardian: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Home Address (if different than child's): _____

Name and Address of Employer: _____

#2 Parent/Guardian: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Home Address (if different than child's): _____

Name and Address of Employer: _____

Please circle preferred phone #

Emergency Contact Information (other than parents) Days

#1. Name: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

#2. Name: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Doctor's Name: _____ Phone #: _____

Complete Address: _____

Allergies: Y N Epipen: Y N List allergies: _____

List any medical conditions and or medications: _____

Permission to be picked up by (other than parents):

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Please stay within the border. **PLEASE PROVIDE THE COMPLETE ADDRESS FOR YOUR CHILD'S DOCTOR.**



History of Communicable Diseases:

Please check if your child has ever had one of the following conditions requiring medical attention.

- | | | |
|--|--|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Fifth's Disease | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Middle Ear Infections | <input type="checkbox"/> Respiratory Syncytial Virus | |

Signature of parent/guardian

Date

Date of Admission_____



Registration, Fee Schedule and Collection of Payment

Rates for 2017/2018

Hours are Tuesday to Thursday 9:00am to 1:00pm

- 3 mornings \$375/month

For new families:

Completed registration package
\$50 registration fee (non-refundable)

For returning families:

Completed registration package
\$20 registration fee (non-refundable)

**Note: Returning families means returning one year to the next, no gaps in enrolment.



For all families:

All monthly tuition fees are due no later than Sept 1st in advance of the school year for which the child is registered according to the above fee schedule. The first cheque (September tuition) is due upon completion of registration including the REGISTRATION fee (please see above payment fee and schedule).

The first cheque is non-refundable once the school year has begun. The (9) remaining post-dated cheques dated October 1st thru June 1st are to be submitted and will be deposited on or after the 1st of the month. Please see our handbook for more information on our withdrawal policy.

There is a \$40 surcharge for NSF cheques issued to the school.

Sibling Discount:

Will receive a 10% discount on additional siblings attending KCNS

Note: As our operational costs do not change, fees will not be refunded nor pro-rated should your child be absent for any reason including illness or vacations, or for statutory holidays.



KCNS lunch program

King City Co-Op Nursery School runs a lunch program, every day.

The following information is to help parents of King City Co-Op Nursery School, (KCNS), understand the Nursery School policy for the lunch program. This may be the first time that many of you have packed a lunch for your child to take to a program. As with any group situation, we must outline some basic rules for the safety & nourishment of your child.

Food policy and restrictions:

- We encourage children not to bring gum, soda or hard candy in their lunches.
- When packing a “sweet treat” in your child’s lunch, please be aware that the child will be encouraged to eat the protein/vegetable/ fruit portion of the lunch first.
- King City Nursery School is a **NUT FREE facility**. Do not send any products containing peanuts, tree nuts, or nut oils. Please read packaging. Items that read “Made in a facility that processes peanuts”, “May contain nuts,” or “peanuts” will not be allowed. This is for the safety of the children who have allergies.
- Food needs to be ready to eat.
- Food restrictions may not be limited to only NUTS and can change at anytime to accommodate student(s) with other anaphylactic or severe food intolerances. Notice will be provided to parents and must be complied with immediately.
- Lunches should come in a labelled insulated bag and stored in the refrigerator located in the kitchen.
- There will be no sharing of food between children.
- All unfinished food will be sent back home with the child. This is to keep parents informed of what their child did/didn’t like, as well as to involve the parents in the child’s overall diet for the day.

In order to participate in the school lunch program parents must provide a signed letter stating they are aware of our policy and procedures and will provide a bag lunch for their child and are aware that it must be NUT FREE.



Letter from Parent

Re: King City Nursery School Lunch Program

I, _____, being the parent
of _____ have enrolled my child in the
school lunch program.

I have read the policy and procedures of the King City Co-Op Nursery School after school lunch program and am aware of what is required.

I will provide my child with a NUT FREE bag lunch, which will be stored in the refrigerator.

Date: _____

Signed: _____

Name:

Witness: _____

Name:

Date of Admission_____