

REGISTRATION PACKAGE



*We would like to welcome all new and returning students to
Village of Brooklin Co-operative Playschool for 2018-2019!*

REGISTRATION CHECKLIST

Parents/Guardians are required to provide the following:

- Eleven (11) cheques made payable to VBCP OR 1 VOID Cheque for direct withdrawal and 1 cheque for Registration Fee:
****cheques must be submitted with Registration Package to hold your child's spot****
- \$ 100 Registration fee and 10 Post-dated Tuition Cheques OR void cheque and signed PAD form
- Two (2) copies of your Child's **Immunization Record** (yellow card)
- One (1) copy of your Child's **Birth Certificate**
- A completed **Durham Region Health Department Pink Immunization Request Form** (to be provided by VBCP upon submission of this Registration Package)
- A copy of a **Vulnerable Persons Criminal Reference Check (CRC)** issued within the past six months. An accompanying letter to be provided by VBCP upon submission of this Registration Package. This letter will ensure you receive a reduced rate upon application for your CRC at your local police station.

- Complete and sign **VBCP Enrollment Form and Emergency Contact Information** Pg. 4
- Complete and sign **VBCP Family and Child Information Sheet** Pg. 5
- Read and sign **VBCP Membership Agreement** Pg. 6
- Read and sign **VBCP Confidentiality Agreement** Pg. 7
- Read and sign **VBCP Adult Medical Certification** Pg. 7
- Complete and sign **Adult Medical Form** Pg. 8
- Read, complete & sign **VBCP Roles and Responsibilities of Parent Committees** Pg. 9
- Read and sign **VBCP Late Pick-Up Acknowledgement** Pg. 10
- Read and sign **VBCP Workplace Harassment and Violence Policies** Pg. 10
- Read and sign **VBCP Supervision of Volunteers** Pg. 10
- Read and sign **VBCP Anaphylaxis and Allergy Policy** Pg. 10
- Read and sign **VBCP Duty Day Policy** Pg. 10
- Read and sign **Policy and Procedure Document** Pg. 11
- Read and sign **VBCP Parent Handbook** Pg. 11
- Read and sign **Notice with Respect to the Collection of Personal Info** Pg. 12 & 13

We are unable to allow your child to attend classes unless the above noted documents are submitted to us at registration. The Vulnerable Persons Criminal Reference Check must be received on or before June 16, 2018. Your child will not be able to begin preschool until this is received.

VBCP TUITION FEE SCHEDULE
2018/2019

- A non-refundable fee of **\$100.00** is payable upon submission of the application to secure a child’s enrolment in the program and is comprised of the following:
 - Membership fee of \$45.00
 - Processing/administration fee of \$15.00
 - Insurance fee of \$40.00

PROGRAM	Participating Family	Non-participating Family
Tuesday/Thursday a.m. program	\$140.00	\$350.00
Monday/Wednesday/Friday a.m. program	\$180.00	\$337.00
Monday/Tuesday/Wednesday/Thursday p.m. program (Child must be 3 years old by Dec. 2018)	\$215.00	\$358.00

- **Participating Family**
 - Required to volunteer in the classroom (“Duty Day”) at least one morning per month, per enrolled child. Volunteer may be someone other than the parent. (Parents with a child(ren) enrolled in the afternoon are exempt from this requirement.) **Please see VBCP Duty Day Policy in the Policy and Procedure document for more information**
 - Required to join a VBCP Parent Committee, per enrolled child. **Please see VBCP Roles and Responsibilities of Parent Committees on page 9.**
 - Required to obtain a Vulnerable Persons Criminal Reference Check (**One parent/guardian per enrolled child MUST have a CRC, including parents with a child(ren) in the Afternoon Program**). Child will not be able to begin until this is received.
- **Non-participating Family**
 - Not required to volunteer in class
 - Not required to join a Committee
 - Not required to obtain a Vulnerable Persons Criminal Reference Check
- Families with more than one child enrolled in the program are entitled to a \$10.00 per month discount on the tuition fees of each additional child enrolled in the program. Please provide two (2) separate cheques for the membership, processing and insurance fees.
- An NSF charge of \$40.00 will be levied against any returned cheques. After two (2) NSF cheques VBCP will require full payment for the remaining months, in cash.

Admission Date:		Discharge Date:
TT	MWF	MTWT

VBCP ENROLLMENT FORM AND EMERGENCY CONTACT INFORMATION

DO NOT LEAVE ANY FIELDS BLANK

Please indicate the Program you are registering for:

Tues/Thurs a.m. Mon/Wed/Fri a.m. Mon/Tues/Wed/Thurs p.m.
 (child must be 3 by Dec. 2018)

For our information, how did you hear about us?

Google Sign Website Referral Facebook Harvest Festival Other

Name of Child: _____
 (Last) (First) (Middle)

Street Address: _____ City: _____ Postal Code: _____

Home Phone Number: (____) ____--____ Date of Birth: ____/____/____ Gender: _____
 (Day) (Month) (Year)

Parent/guardian: _____ Parent/guardian: _____

Address: _____ Address: _____

Home Number: _____ Home Number: _____

Cell Phone: _____ Cell Phone: _____

E-Mail Address: _____ E-Mail Address: _____

Employer: _____ Employer: _____

Bus. Telephone: _____ Bus. Telephone: _____

MEDICAL INFORMATION

Physician: _____ Phone Number: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Permission to transport child by ambulance

Please indicate which, if any, of the following communicable diseases your child has had:

Red Measles _____ Rubella (German measles) _____ Chicken Pox _____ Pertussis (Whooping cough) _____

Mumps _____ Hepatitis A _____ Hepatitis B _____ Other: _____

Allergies: _____

Special requirements for rest, exercise, diet (are there foods to avoid?): _____

Any symptoms indicative of ill health: _____

Signature of parent/guardian: _____ Date: _____

EMERGENCY CONTACT PERSON (OTHER THAN PARENTS/GUARDIANS)

Name: _____ Telephone: _____ Address: _____

Relationship to child: _____ Name of person(s) to whom the child may be released to: _____

VBCP FAMILY AND CHILD INFORMATION SHEET

Name of Student: _____ **Class:** _____ **Age & DOB:** _____

1. How do you think your child will handle separation from you or caregiver? What are some strategies that may help your child form a secure transition into our program?

2. What is your child's previous experience with child care/ programs/ preschool outside of the home?

3. What is a typical reaction from your child when they are:

Angry: _____ Sad: _____

Happy: _____ Afraid: _____

4. Does your child have any fears? _____

5. Where is your child in regard to toilet training? Please circle which apply.

Diapers Training Exploring Trained (out of pull-ups, few to no accidents)

6. How would you describe your child's personality? (*shy, outgoing, sensitive, etc.*)

7. Please list all family members and/or extended family members living in the home (*we like to know who our preschoolers are talking about*):

8. Do you have any concerns about your child's speech and language development? Has your child ever had a speech assessment done? _____

9. Has your child ever had a hearing test done? If so, what were the results?

10. Do you have any other special concerns you would like to share with us (*medical, behavioural, etc.*)?

VBCP MEMBERSHIP AGREEMENT

Given the “co-operative” structure of this organization, the success of our playschool depends on the participation of parents. This agreement is intended to emphasize how important it is that each parent seriously consider and understand what is involved in joining a cooperative effort. Therefore, in consideration of the enrolment of a child in VBCP program, each member must agree to the following conditions in order for our school to function successfully:

1. I agree to pay the applicable tuition fees as detailed in the Tuition Fee Schedule for **2018/19**;
2. I agree to attend the following:
 - a. **Mandatory Orientation meeting** in September (Date to be determined)
 - b. **General meetings** (as they may be called from time to time)
 - c. **Duty parent training days**, and any emergency meetings called by the Executive Board;

As a parent/guardian of a child enrolled in a morning program, I agree to arrive (or have a volunteer in my place arrive) promptly at 8:30 am for my scheduled Duty Days (Parent/guardian/volunteer is required to arrive early and stay the duration of the relevant class which is 3 hours total, in order to meet the Duty Day requirement). I understand that I am required to perform (or have a volunteer perform in my place) at least one Duty Day per month, for each child I have enrolled, and that it may be necessary for me (or said volunteer) to perform **TWO or more depending on numbers for enrolment. If I am ill, my assigned volunteer is ill, or my child is ill, I will be responsible for finding a replacement from the membership list; **(Class will be cancelled if we do not have a duty day parent present)****
3. I agree to join a parent committee, per child enrolled, of VBCP and acknowledge that this will require a contribution of my time outside of school hours;
4. I agree to have a **Vulnerable Persons Criminal Reference Check** performed and submitted on or before June 16, 2017, prior to my child starting school. Criminal Record Checks will be kept on file at the school. All files are kept confidential and in a locked cabinet on site.
 - a. **Morning Program**: At minimum, at least ONE PARENT/GUARDIAN from each family must submit a CRC. Additionally, anyone performing a Duty Day such as a parent, guardian, grandparent, caregiver or other such volunteer.
 - b. **Afternoon Program**: At minimum, at least ONE PARENT/GUARDIAN from each family must submit a CRC.
5. I agree to execute and comply with VBCP Confidentiality Agreement which prohibits me from sharing knowledge I gain about matters pertaining to VBCP and any children enrolled in the school, including their behaviour, emotional maturity, relationships with others, etc; and
6. I agree to comply with all the Policies and Procedures of VBCP, including but not limited to VBCP Program Statement, VBCP Allergy and Anaphylaxis Policy and VBCP Duty Day Policy (in the case of the Morning Program).

I declare that I have read this agreement and will fulfill my obligations. If I do not, I understand that I may be asked to withdraw my child from the program.

Signature of parent/guardian: _____ Date: _____

I agree that photos may be taken of my child at the school or on field trips for use in promotional materials related to and for the benefit of VBCP.

Signature of parent/guardian: _____ Date: _____

VBCP CONFIDENTIALITY AGREEMENT

I acknowledge that in my capacity as a volunteer or staff member of Village of Brooklin Cooperative Playschool ("VBCP") there exists the possibility that I may become privy to certain information pertaining to VBCP registered students. This could include behaviour patterns, emotional maturity and relationship to others. Specifically, information pertaining to families of VBCP registered students, information pertaining to VBCP staff members and/or information pertaining to issues relating to VBCP.

I understand that during my involvement with VBCP and without limit at any time following the termination of my enrollment, great care must be taken not to share this knowledge outside of the school environment or with any other VBCP members. I agree to maintain the confidentiality of any and all information pertaining to any VBCP registered student, staff member and/or information pertaining to issues relating to VBCP that may become known to me as a volunteer or as a staff member of VBCP.

Signature of parent/guardian: _____

Date: _____

VBCP ADULT MEDICAL CERTIFICATION

I, _____, do hereby attest to the fact that I am free from all
(Parent/guardian name)

Communicable diseases, including Tuberculosis. I have sought the appropriate information and medical advice (if necessary) to ensure that I will not be exposing the enrolled children to any serious communicable disease.

Medical forms are available for those parents seeking the advice of their physicians. Parents are responsible for any expense arising from the completion of these forms.

Parent/guardian name: _____

Signature of parent/guardian: _____

Date: _____

ADULT MEDICAL FORM
(Participating Parents Only)

Adult's Last Name: _____

First Name: _____

Child Last Name: _____

First name: _____

Relationship to child: _____ Phone: _____

Sex (M/F): _____

Address: _____

Postal: _____

Doctor: _____

Dr's. Phone: _____

Dr's. Address: _____

Postal code: _____

Your doctor does not need to sign this form if you have a record of the immunization dates.

Do you currently have or are you a carrier of any communicable disease?

No _____ Yes _____ Please Specify: _____

Immunizations: *Polio/Tetanus (every 10 years) Year _____ within last 10 years.

Give dates: *Tuberculosis (most recent negative skin test or negative chest x-ray) Year _____

Childhood diseases (boosters usually relate to employment, pregnancy, school or travel:

Have you had it? Date of last booster:

*Measles No _____ Yes _____ (dd/mm/yyyy) _____

*Mumps No _____ Yes _____ (dd/mm/yyyy) _____

*Rubella No _____ Yes _____ (dd/mm/yyyy) _____

Chicken Pox No _____ Yes _____ (dd/mm/yyyy) _____

Pertussis No _____ Yes _____ (dd/mm/yyyy) _____

If applicable:

Currently pregnant _____ or nursing _____ and immunizations are not recommended until _____.

Date: _____ Form filled out by: _____

This form must be complete before your child can attend our school as per our licensing requirements.

****If you don't know your dates, please speak to your doctor and get your records updated. If both parents are participating, please submit separate forms.***

VBCP ROLES AND RESPONSIBILITIES OF PARENT COMMITTEES

In order to ensure that the playschool is run smoothly, and with financial responsibility, all parents are required to **take on a role on one (1) of the four (4) main committees** of the school **per child enrolled at VBCP**. Each position is vital to the running of a fun, safe, and organized school environment.

Using the sheet below, **please select two (2) committees** that interest you and that might work with your daily schedule. The Committee Chair will assess these forms and tries to accommodate everyone's first requests. **A third choice** may be required in the event that committee positions are not adequately filled. We adhere to strict Ministry of Ontario standards regarding health and safety issues, therefore, some committees may take priority in their filling.

You will be contacted in September regarding your assignment.

Events Committee: Parents will be required to assist the Events Chair with the various school events including, but not limited to the Harvest Festival (September), Christmas event (December), Silent Auction (Winter), and Spring Carnival (June). You will be assigned to and are expected to contribute to **all** major events.

Toy Cleaning: This committee is required to ensure that the designated sections of toys in the classroom are cleaned on a rotational basis each week. As this is our largest committee, parents can typically expect to be assigned a rotation by the Committee Chair about once per month; this may change based on enrollment. Cleaning takes between 20 and 45 minutes and siblings are welcome to accompany the parent. Cleaning should happen between **11:30am and 12:50pm in the classroom** following Ministry guidelines. Cleaning may not be done while class is in session. Your toy cleaning responsibilities **MUST** be completed in the week that it was assigned.

Laundry: This requires a parent **who can pick up the laundry every Thursday and Friday after school (by 11:30 a.m.) and return it on Monday before school begins (8:45 a.m.)**. You will be required to wash all dishtowels, hand towels, and dress up clothes each week. This committee will be run on a rotational "term" basis, with two parents assigned from Sept to Jan and two from Feb to June.

Marketing/Admin committee: Responsible for marketing initiatives, social media, and other administrative tasks as assigned by the board of directors and teachers.

Name of Child (please print clearly) _____

Name of Parent/Guardian _____ **Class your Child is in** _____

Contact Number _____ **Email** _____

1st Committee Choice _____ **2nd Committee Choice** _____

3rd Committee Choice _____ **4th Committee Choice** _____

(* Should you have any questions in regards to specific requirements, duties, time constraints, etc., please speak with the Committee Chair to assure you have a complete understanding of your responsibilities. Requirements outlined above (but not limited to) must be met. Failure to do so, may result in a change of committee and/or additional measures at the discretion of the President/Vice-President of the Executive Board)

VBCP LATE PICK-UP ACKNOWLEDGEMENT

Please find below, an excerpt from The VBCP Policies and Procedures:

“Where a parent or guardian is repeatedly late to pick-up his/her child, he/she will receive a written acknowledgement form that said parent/guardian is required to sign and submit to the teachers. Said form will indicate that going forward; a late pick-up penalty charge shall apply in the amount of \$1 per minute past the designated classroom dismissal time, payable by the start of the child’s next class.”

I, _____, parent/guardian of _____ do hereby acknowledge the above noted policy and am aware that I will be subject to a late pick-up penalty charge in the amount of \$1 per minute past the designated classroom dismissal time, payable by the start of my child’s next class.

Signature of parent/guardian: _____

Date: _____

VBCP WORKPLACE HARASSMENT AND VIOLENCE POLICIES

I acknowledge that I am aware of VBCP Workplace Harassment and Violence Policies that are posted in the classroom and in the Policy and Procedure Document.

Signature of parent/guardian: _____

Date _____

VBCP SUPERVISION OF VOLUNTEERS POLICY

I acknowledge that as a volunteer of VCBP, I shall not be left unsupervised with the children.

Signature of parent/guardian: _____

Date _____

VBCP ANAPHYLAXIS AND ALLERGY POLICY

I acknowledge that I am aware of VBCP Anaphylaxis and Allergy Policies that are posted in the classroom and in the Policy and Procedure document.

Signature of parent/guardian: _____

Date _____

VBCP DUTY DAY POLICY

I acknowledge that I am aware of VBCP Duty Day Policies that are in the Policy and Procedure Document, including fees and penalties for missed duty days.

Signature of parent/guardian: _____

Date _____

VBCP POLICY AND PROCEDURE DOCUMENT

I acknowledge that I am aware of and have read the VBCP Policy and Procedure document.

Signature of parent/guardian: _____

Date _____

VBCP PARENT HANDBOOK

I acknowledge that I am aware of the VBCP Parent Handbook and have read the document.

Signature of parent/guardian: _____

Date _____

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act)

Each staff, student and volunteer in a licensed day nursery or person employed by/ associated with a licensed private-home day care agency must complete this form.

In administering and enforcing the *Child Care and Early Years Act* (CCEYA), Ministry of Education program advisors and the Director under the CCEYA may collect and review personal information about staff, students and volunteers in a licensed day nursery or person employed by / associated with a licensed private-home day care agency under the authority of s.70 (6- 8), of the *Child Care and Early Years Act* (CCEYA) to ensure that the day nursery or private-home day care agency operator is complying with the CCEYA, Ontario Regulation 137/ 15.

This form is required to be kept for the ministry's review at the child care centre where you are employed or the head office of the private-home day care agency.

Your personal information may be provided by your employer in connection with an application for approval of a Supervisor, a person to take the place of a Registered Early Childhood Educator or approval of a Private-Home Day Care Visitor, if applicable. Information collected in the licensing process about Registered Early Childhood Educators may be shared with the College of Early Childhood Educators if necessary for the enforcement of the *Early Childhood Educators Act, 2007*.

Questions concerning the direct or indirect collection of personal information may be addressed to the:

Child Care Quality Assurance and Licensing Branch
Early Learning Division
Ministry of Education
900 Bay Street, 24th floor, Mowat Block
Toronto, ON M7A 1L2
416-314-8373

Name (print) _____

Signature _____

Date _____

OFFICE COPY

I hereby give VBCP permission to contact me by email

Name (print) _____

Signature _____

Date _____

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Name (print) _____

Signature _____

Date _____

PERSONAL COPY