



Registration Forms

2026/2027

If you have questions, please direct them to
info@carpcooperativenurseryschool.com



Program Selection Request

Carp Cooperative Nursery School offers a preschool program for children aged 2.5 to 4, Monday to Friday, from 9:00 - 11:30 am. The program runs Monday-Friday during the school year (September to end of June), and Monday/Wednesday/Friday during the summer months.

Note: If the child is not 31 months of age by the first day of school, a parent may be required to stay in class until the teacher feels the child is ready to stay on their own. Applicants who will be 31 months or younger when school starts may be asked to meet with the teacher to assess their readiness prior to acceptance.

****There are limited spots per class for students between 26-30 months of age.**** We do not accept children who will be under 26 months.

Please indicate which program you would like to register your child for:

Child's Name: _____

Summer 2026 (new students only)

- 3-day Morning Program (Mondays, Wednesdays and Fridays, 9:00am-11:30am) = \$144 per month
- 2-day Morning Program (2 of Monday, Wednesday, or Friday, circle choice) = \$96 per month
- 1-day morning Program (1 of Monday, Wednesday, or Friday, circle choice) = \$48 per month

Fall/Winter 2026-2027

- 5-day Morning Program (Monday to Friday, 9:00-11:30am) = \$240 per month
- 3-day Morning Program (Mondays, Wednesdays and Fridays, 9:00am-11:30am) = \$144 per month
- 2-day Morning Program (Tuesdays and Thursdays, 9:00am-11:30am) \$96 per month
- 2-day Morning Program (2 of Monday, Wednesday, or Friday, circle choice) = \$96 per month
- 1-day morning Program (1 of Monday, Wednesday, or Friday, circle choice) = \$48 per month



Registration Form

My child is a new student:

My child is a returning student:

Child's Name:		Gender:	
Date of Birth:		Age:	
Address			

Parent/Guardian Name:			
Phone Number:		Relationship to child:	
Email Address:			

Parent/Guardian Name:			
Phone Number:		Relationship to child:	
Email Address:			

Emergency Contact Name:		Relationship to child:	
Phone Number:		Other phone number:	
Home Address:			

Who can the child be released to in the event that the parent/guardians listed above cannot pick up the child?			
Name:		Relationship to child:	
Name:		Relationship to child:	

Medical Information			
List child's allergies:			
Other medical conditions:			
Medications:			
Does your child require an EpiPen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child have any diet restrictions (physical, cultural, religious)?			
Doctor's Name			
Doctor's Phone Number:			
Doctor's Address:			



Child's Development

Information collected on this form is strictly confidential and is requested to help the teacher better understand your child at school. It is understood that your child's developmental level may change between when this form is completed and their first day, particularly in the areas of toilet training and speech development. Any important changes should be communicated to the teacher when they begin or anytime throughout the school year.

Child's Name:		Age:	
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Home Background	
Who has guardianship of the child?	
Are there any other children in your family? List their names and ages here.	
Have any other children from your family attended the Carp Cooperative Nursery School?	
Other members of the household:	
Pets (names and types):	
Name of daily caregiver (if not parent)	
Daily caregivers' phone number:	

Methods of Self-Protection (check off which one(s) your child engages in)	
Talking	Hitting
Kicking	Tantrums
Biting	Withdraws
Pushing	
Other:	
Fears and Worries	
What frightens/worries your child:	
How do they react when frightened?	

Social Relationships and Experiences	
Has your child ever been away from parent(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was their reaction?	



Has your child had any previous play group experience?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what/where			
What was their reaction to the group experience? (i.e. withdrawn, active participant etc.)			
Does your child have playmates outside the home?			
Do you have any concerns regarding your child's behavioural, emotional, social or speech development?			
Have you, or has a professional observing your child, identified any special needs? (This question is key to allowing us to access services.)			
Is your child currently receiving services from OCTC, Crossroads, First Words or any other agency?			
What do you want your child to get out of your child attending this nursery school program?			

Are there any further comments or information you feel would be beneficial to the teacher in assisting with the relationship with your child?



Fee Acknowledgement Information

Child's Name: _____

Registration fee of \$25 per family is required and is non-refundable unless the program is cancelled, and the family has no other children enrolled in the school. It is payable at the time of registration. Only one payment of \$25 per family is required to register for Fall/Winter 2026-2027.

Activity fee of \$45 per child and covers the cost of all field trips and special crafts, supplies, etc. Once classes begin the activity fee is non-refundable.

Payment schedule: Tuition should be paid on the first day of the month (Sept-June). If you have more than one child in the school you may combine your payments. You may also combine your activity fee and the first tuition payment of each session.

Cancellation Policy: Programs must be 90% full, 1 month prior to the program's start date. If the program is less than 90% full it is up to the executive committee to decide if the program should be cancelled or to ask families registered in the program if they are willing to pay more per month to make up for the lost funds. If the program is cancelled all funds will be refunded in full.

Withdrawal and Discharge Policy

To withdraw a child from classes before school begins, the school must be notified by July 31st, 2026, or one month's tuition will be non-refundable.

A minimum of 30 days notice is required for all withdrawals from the school during the school year. Preferably withdrawals and new enrolments will occur at the first of the month.

The Registration Fee is non-refundable unless the program is cancelled and the family has no other children enrolled in the school. The Activity Fee is non-refundable once classes have begun.

Discharge by Director(s) and/or Executive:

The Executive and Director(s) reserve the right to have a child withdrawn from the program:

- If parents do not abide by the policies, roles and responsibilities set out in the school documentation, despite requests from directors or Executive;
- If the payment of monthly fees is not up to date; If we do not receive your payment on time, a late payment administrative fee of \$15 will be added to your monthly fee. Please contact our registrar if you have any questions regarding your monthly tuition fee. Unpaid fees will result in the student not attending the program.
- Or if, after consultation with parents/teachers and the Executive, it is determined that the program is not suitable for their child.

A tuition refund will be provided, beginning with the first day of the month after the date of discharge. Registration and Activity Fees are non-refundable.

I, _____ have read and understood the Fee Information as well as the Withdrawal and Discharge Policy of the Carp Cooperative Nursery School.

Parent/Guardian's Signature: _____ Date _____



Parent Handbook and Policies Acknowledgement Form

Child's Name: _____

Our Parent Handbook is updated each year and contains more information about our policies and procedures as well as the co-op requirements of our parents/families. Please review it carefully as part of the registration process.

It is important for families to understand the policies and procedures that are in place to keep your child safe and to keep our program running properly.

It is also important for families to understand the volunteer requirements of CCNS before registering their child. The amount of participation required may seem intimidating at first, however it will be well-worth your efforts if it fits into your family's lifestyle.

By signing below, you are confirming that you have read and understood ALL of the policies outlined in the CCNS Parent Handbook.

Parent/Guardian # 1 Name (please print): _____

Parent/Guardian #1 Signature: _____ Date _____

Parent/Guardian # 2 Name (please print): _____

Parent/Guardian #2 Signature: _____ Date _____

Parent/Guardian # 3 Name (please print): _____

Parent/Guardian #3 Signature: _____ Date _____



Parent Involvement Acknowledgement Form

Child's Name: _____

As a cooperative nursery school, families or guardians of the children are required to volunteer throughout the school year. Information about the time and participation requirements of our parents are outlined in the Parent Handbook. In summary:

- A parent/guardian will be required to volunteer in the class multiple times throughout the year. This involves helping the teacher and teacher's assistant around the classroom, including playing with the children, helping with arts and crafts, preparing for snack time, cleanup after the class is over, etc. The number of volunteer days per family will depend on overall class size but will fall on average to be once every month or so. A Police Record Check and an immunization record is required for any family member volunteering in the classroom.
- Parents/guardians share the responsibility of washing the cloths/towels from the classroom. There is a rotating schedule for this.
- Perform a job throughout the year (eg. executive, maintenance, fundraising, etc.)
- Participate in and contribute to fundraising sales (Craft and Bake Sale and Spring Yard Sale)

I, _____ have read and understood the participation requirements of parents/guardians at the nursery school and can commit to participating as required.

Parent/Guardian's Signature: _____ Date _____



Class Volunteering Form

Child's Name: _____

When a family cannot attend a scheduled class volunteer shift, it is possible to arrange a swap or pay another family to complete that day for you. The school has set a rate of \$35/day.

Our family would be interested in being paid to do volunteer shifts for other families. Checking this box will allow the school to compile a list of interested families.

When volunteering, families cannot bring their other children for regulatory reasons. To provide assistance, the school compiles a list of families with other children at home. This information is used to help connect families in similar circumstances to arrange playdates or care for their other children while on duty. The school will also arrange an opportunity for these families to meet each other in person before the start of each session if so requested.

Our family is looking for help with care of other children while volunteering. Please check if this applies to your family.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____



School Committee Form

Only complete if you are registering for a Fall/Winter program Roles are limited in the Summer Program. Families who are joining the nursery school for the Summer Program may be assigned a role if there is an opening.

Child's Name: _____

Name of Participating Parent(s) _____

Please review the following list. Choose the committee you would like to serve on or position you would like to fill and indicate your preference by ranking your first three choices with the numbers 1, 2 and 3. Committees will be filled on a first come, first served basis.

Executive Committee Jobs (<i>Executive members attend approx. 5 evening meetings per school year</i>)		
	President	Manage and direct the affairs of the Nursery School, organize and chair executive meetings, guide other parents in completing their committee roles.
	Vice President	Manage and direct the operations of the Nursery School. Coordinate school business activities and interact with landlords, insurer and government agencies. Acts as the school's business manager in cooperation with the president and treasurer.
	Registrar	Respond to inquiries from new families, process registration packages, maintain class lists and other records, liaise with other executive members and teachers to ensure enrollments go smoothly.
	Treasurer	Track fundraising and expenses on a budget spreadsheet that is used for internal purposes only, so that decisions can be made about supply purchases, fundraising opportunities etc.. CCNS has a bookkeeper who is responsible for official bookkeeping and accounting.
	Secretary	Attend and record minutes of all Executive Meetings.
	Craft and Bake Sale Coordinator	Plan, coordinate and execute the nursery school's annual holiday Craft and Bake Sale, alongside a committee of other parents.
	Spring Yard Sale Coordinator	Plan, coordinate and execute the nursery school's annual Spring Yard Sale, alongside a committee of other parents.
	Advertising/Marketing	Assist the Executive committee with marketing the school and advertising its fundraising events.



Non-Executive Jobs		
	Duty Scheduler	Schedule the parent volunteer duties in the classroom. Organize the schedule, email to families and post at the school. One scheduler for each class.
	Field Trip Coordinator	Arrange field trips planned by the teacher, notify parents and distribute evites to each class.
	Craft and Bake Sale Committee	Assist with the planning and execution of the Craft and Bake Sale, alongside the Bake Sale Coordinator.
	Supplies	Arrange for the purchase of toilet paper, paper towels, cleaning supplies, photocopy paper, craft supplies and various odds and ends as required.
	Library	Pick up books from and return to library. The teacher will provide a list of themes for the weeks.
	Interior Maintenance/ Yard Maintenance	Responsible for all miscellaneous repairs, carpentry, and toy safety as directed by the teacher and apply interior paint touch ups to the school as required by teacher. In the Fall and Spring, mow the grass in the play yard and remove saplings from the hedge. Occasional weeding of the gravel track in the play yard.
	Winter Maintenance	Responsible for maintaining a clear and safe path to the outdoor play area, apply salt or sand as required. One parent/guardian per class.
	Photographer	Organize and take yearly school pictures. Take pictures during field trips and special events.



Supply Teaching/First Aid Training

Child's Name: _____

If the teacher or teacher's assistant would have to be absent from school, we would like to cover off the teaching duties within the membership of families already part of the school.

Please complete this form to assist us in determining whether this would be possible:

Do you hold an Early Childhood Education degree or a Teacher's Degree?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be able to supply for a short-term basis if needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be able to supply for a long-term basis if needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently hold a valid First Aid Training Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when does your First Aid expire?		

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____



Police Record Check and Immunization Forms

Child's Name: _____

Anyone volunteering at the school will have to have a Vulnerable Sector Check (VSC) completed. This includes parents and guardians staying for class with their child for any reason (with the exception of field trips or special occasions when all students have a parent present). As a cooperative school, all families will be required to volunteer in the classroom, and a *minimum* of one adult per family must have a Check on record with the school.

- A recent VSC completed for an employer or another volunteer organization may be submitted instead provided that it is less than 6 months old at the start of the session.
- Each Vulnerable Sector Check will be kept in your child's file. It will be held up to all confidentiality standards.
- Checks can be done online through the Ottawa Police website. Fees are waived for volunteer positions when the school's volunteer letter accompanies an application.
- Police Record Checks must be applied for by the start date and provided to the school as soon as possible. Returning Families do not have to submit checks for any individuals with a check already on file, however they may be required to sign a "Declaration of Offense" form.
- Ottawa's Medical Officer of Health (MOH) requires all parent volunteers to have up-to-date immunizations when they start and we need a copy of your immunization records for our files. This includes Td/Tdap, MMR and Var (Varicella & Chickenpox).

Please select one of the following:

- One or more Checks will be submitted to the school by the 1st of September or as soon as possible.
- Please use existing Checks previously submitted to the school (returning Families only, with valid check on file)

All parents or guardians that will be volunteering for your family, must print and sign their name below, confirming you have read the above Police Record Check Policy and Procedures.

Parent/Guardian # 1 Name (please print): _____

Parent/Guardian #1 Signature: _____ Date _____

Parent/Guardian # 2 Name (please print): _____

Parent/Guardian #2 Signature: _____ Date _____

Parent/Guardian # 3 Name (please print): _____

Parent/Guardian #3 Signature: _____ Date _____



Field Trip Waiver Forms

Only complete if you're registering for a Fall/Winter Program. The Summer Program does not go on any field trips

Child's Name: _____

I hereby give permission for my child to participate in all school activities and field trips that are within walking distance of the Carp Cooperative Nursery School.

I hereby release the Carp Cooperative Nursery School or their employee(s) from any claim or damages or otherwise that result in either personal injury or property damage suffered by the said pupil engaging in school activities.

It is not compulsory for my child(ren) to participate in any field trips arranged by the school. I understand that if my child does not participate, she/he will not be able to attend school that day. This waiver shall be in effect from the **first day of September 2026** to the **last school day of June 2027**.

It is the responsibility of the parent/guardian to provide or obtain transportation and supervision for their child(ren) on field trips. If transportation cannot be found, then that child will not be able to attend school that day.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____



Photo Permission Forms

Child's Name: _____

There are a number of times throughout the school year when children may be photographed; for example on field trips, special events or in daily class. Photography will only be allowed with the teacher's permission.

I, the undersigned, do hereby grant or deny permission to Carp Cooperative Nursery School to use the image of my child as marked by my selection below.

Please check one of the following:

- Grant permission to display my child's image within the school for non-commercial purposes.
- Grant unrestricted permission to use my child's image in print and digital media. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs and images taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, and digital images such as those on the Carp Cooperative Nursery School website. I do understand that the child's name will not be used in conjunction with any images. (Further permission will be obtained under these circumstances).
- Deny permission to use my child's image at all.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____



Child's Snack Permission Form

Child's Name: _____

Carp Cooperative Nursery School can provide snacks (at no charge) to students who do not bring them from home. If you would prefer to send your child's snack from home, please complete the form below.

Yes, I would prefer to send in a snack from home for my child to eat in the mornings at the nursery school.

My reason is _____ (e.g., preference, kindergarten readiness; allergies; food sensitivities)

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____



Application of Products for Protection

Child's Name: _____

In certain circumstances, teachers may feel it is helpful or necessary to use hand sanitizer, sunscreen, moisturizer, diaper cream, lip balm and/or insect repellent provided by the Carp Cooperative Nursery School.

I hereby give permission for the CCNS staff to apply any of the above listed products to my child, when they deem it to be helpful or necessary.

I hereby give permission for the CCNS staff to apply ONLY the following products to my child, when they deem it to be helpful or necessary; Products =

I do not grant permission for the CCNS staff to apply products to my child.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____