

# **Registration Forms**

2024/2025

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 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 2024 (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 2024-2025
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 st	udent:	My	child is a	returning studen	it:			
Child's Name:				Gender:				
Date of Birth:				Age:				
Address								
2 ./2 !: 1								
Parent/Guardian N	ame:			<u> </u>				
Phone Number:				Relationship to	child:			
Email Address:								
Parent/Guardian N	ame:							
Phone Number:				Relationship to	child:			
Email Address:	I							
Emergency Contact	Name:			Relationship to	child:			
Phone Number:				Other phone nu	ımber:			
Home Address:								
Who can the child b	oe release	d to in the event	that the pa	erent/guardians li	sted abov	e cannot pi	ck up the chi	ld?
Name:				Relationship to	child:			
Name:		_		Relationship to	child:			
Medical Informatio	n							
List child's allergies								
Other medical cond								
	ilcions.							
Medications:					_			
Does your child req	uire an Ep	oiPen?	Yes	No				
Does your child ha	ve any di	et restrictions (p	hysical, cu	ltural, religious)?	?			
Doctor's Name								
Doctor's Phone Nu	mber:							
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:			
Home Background						
Who has guardians	hip of the child?					
Are there any other family? List their na						
Have any other chil family attended the Nursery School?	•					
Other members of	the household:					
Pets (names and ty	pes):					
Name of daily careg	giver (if not parent)					
Daily caregivers' ph	one number:					
Methods of Self-Pro	otection (check off v	which one(s) your	child engages in)			
Methods of Self-Pro		which one(s) your		ushing		
	ng Hit	tting		ushing		
Talki	ng Hit	tting	Biting P	ushing		
Talki Kicki	ng Hit	tting	Biting P	ushing		
Talki Kicki Other:	ng Hit	tting	Biting P	ushing		
Talki Kicki Other: Fears and Worries	ng Hit	tting	Biting P	ushing		
Talki Kicki Other: Fears and Worries What frightens/wor	ng Hit	tting	Biting P	ushing		
Talki Kicki Other: Fears and Worries What frightens/wor	ng Hit ng Ta rries your child: when frightened?	tting	Biting P	ushing		
Talki Kicki Other:  Fears and Worries What frightens/work How do they react	ng Hit ng Ta  rries your child: when frightened? s and Experiences	ntrums	Biting P	ushing  Yes	No	



Has your child had any previous play group experience?		Yes	No			
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 i assisting with the relationship with y	nformation you feel would be beneficia our child?	al to the t	eacher in			



### **Fee Acknowledgement Information**

<u>Registration fee</u> 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 2024-2025.

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.

<u>Payment schedule:</u> 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.

<u>Cancellation Policy:</u> 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, 2024, 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, Withdrawal and Discharge Policy of the Carp	have read and understood the Fee Information as well as the cooperative Nursery School.
Parent/Guardian's Signature:	Date



## Parent Handbook and Policies Acknowledgement Form

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.

Child's Name:	
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**

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/guardian 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)

l,	have read and understood the participation requirements of
parents/guardians at the nursery school an	d can commit to participating as required.
Parent/Guardian's Signature:	Date



# **Class Volunteering Form**

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.
<ul> <li>Our family would be interested in being paid to do volunteer shifts for other families.</li> <li>Checking the above will allow the school to compile a list of interested families.</li> </ul>
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.
<ul> <li>Our family is looking for help with care of other children while volunteering.</li> <li>Please check the above if it applies to your family.</li> </ul>
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.

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 (Executive members attend approx. 5 evening meetings per school year)				
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.			
Secretary	Attend and record minutes of all Executive Meetings.			
Craft and Bake Sa Coordinator	le 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/Mark	eting Assist the Executive committee with marketing the school and advertising its fundraising events.			
Webmaster	Maintain the school's website, post updates monthly, and make changes as required.			



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**

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	No
Would you be able to supply for a short-term basis if needed?	Yes	No
Would you be able to supply for a long-term basis if needed?	Yes	No
Do you currently hold a valid First Aid Training Certificate?	Yes	No
If yes, when does your First Aid expire?		
Parent/Guardian Name (please print):		
Parent/Guardian Signature:	Date	



#### **Police Record Check and Immunization Forms**

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 Famcheck on file)	ilies only, with valid		
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.				
Paren	:/Guardian # 1 Name (please print):			
Paren	/Guardian #1 Signature:	Date		
Paren	:/Guardian # 2 Name (please print):			
Paren	:/Guardian #2 Signature:	Date		
Paren	:/Guardian # 3 Name (please print):			
Parent	:/Guardian #3 Signature:	Date		



# **Field Trip Waiver Forms**

field trips*	. The Summer Program does not go on any			
I hereby give permission for				
I hereby release the Carp Cooperative Nursery School or their e otherwise that result in either personal injury or property dama 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 <b>first day of September 2024</b> to the <b>last school day of June 2025.</b>				
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**

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 pur	poses.			
☐ 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**



# **Application of Products for Protection**

	ain circumstances, teachers may feel it is helpful or necessary to use hand so urizer, diaper cream, lip balm and/or insect repellent provided by the Carp C		
	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	