

St. George Co-op Nursery School
9 Beverly St. E.
St. George, ON N0E 1N0
Tel: (519) 448-1835

CHILDS NAME: _____

AGE	TIMES	MONTHLY TUITION	DATES
27 months – 4 years	9:30am – 2:30pm	\$145.20	Sept- June

REGISTRATION CHECKLIST- STUDENT

- ☐ **Registration Agreement**
- ☐ **Enrolment Information**
- ☐ **Regular/Emergency Pickup**
- ☐ **Child's Medical Information**
- ☐ **Image Consent**
- ☐ **Confidentiality Policy**
- ☐ Child's Immunization Records (may need to be obtained from family doctor)
- ☐ Health unit form (obtain from teacher)
- ☐ Emergency contact form (obtain from teacher)

Bolded items are in the Registration Package

FEES CHECKLIST

***E-transfers of tuition, fees and fines are accepted**

E-transfers can be sent to tsgcns@gmail.com

- ☐ Post dated monthly tuition cheques (dated for 1st of each month)

Starts program: _____ **Leaves Program:** _____

Registration Agreement

Welcome to the St. George Co-Op Nursery School!

The St. George Co-operative Preschool is administered and maintained by the parents on a non-profit basis. It is run by a group of parents who offer their time and form the executive council. They, along with the supervisor and staff, help make decisions about all aspects of the preschool.

To ensure that everyone understands what is expected of the members, we ask that you read the parents handbook and sign this Registration Agreement.

- A. All forms and cheques (as listed) must be completed and submitted before your child can attend the preschool. Your child may be removed from program if all items in the registration package and fee checklist are not met by **October 15th**. Your child can resume once all requirements are met.
- B. Attendance at quarterly general meetings is highly recommended. At these meetings, parents will be informed on the current events of the preschool, any fundraising initiatives, field trips and any general information that parents need to be aware of. It is also a great time to connect with your child's teachers and other parents.
- C. Each member is required to participate in fundraising activities. A buy-out option will be available for certain fundraisers, as defined by the Executive.
- D. Each member is required to read and fully understand the Family Handbook. All member are expected to follow all policies outlined in the Family handbook. If you have any questions about anything in the Family Handbook, please reach out to a member of executive council or the supervisor.
- E. Upon leaving the co-op, members must withdrawal and terminate their membership by signing the last page in the registration package. Thus, terminate their membership and voting rights in the co-op.
I have read these requirements and the Parents Handbook and agree to fulfill my above obligations as well as adhere to the principles, policies and procedures.

Signed: _____ Dated: _____

Enrolment Information

Child's Last Name	First Name	Gender
Address	City	Postal Code
Telephone	Date of Birth	
Mother's Last Name	First Name	
Cellphone Number	Email Address	
Employer	Work Phone Number	Occupation
Work Address	City	Postal Code
Father's Last Name	First Name	
Cellphone Number	Email Address	
Employer	Work Phone Number	Occupation
Work Address	City	Postal Code
If either parent does not live with child, please include address here:		
Are there any special custody arrangements?		
Other Members of Household, name and relationship:		
Primary language spoken at home:		
Is there anything you want to share with us about your child that would aid us in their transition to preschool? (fears, separation anxiety, behaviours, etc)		

Regular Pickup

In the event that your child needs to be picked up by someone other than a custodial parent (guardian), the preschool is required to have written permission to release your child. Please fill out the following to indicate persons who are routinely authorized to take your child off the school premises.

Name	Home Number	Cell Number	Relationship

Emergency Pickup

In the event of an emergency, we need to have an alternate contact person in case the parents cannot be reached. Please fill out the following to indicate persons who may make decisions regarding your child.

Name	Home Number	Cell Number	Relationship

Child's Medical Information

Family Physician		Child's Health Card Number
Physician's Address		
City	Postal Code	Physician's Phone Number
Child's Allergies or Medical Conditions		
<input type="checkbox"/> Does your child take any medications on a regular basis? : Y N Provide details and instructions if medication is to be administered during school hours:		
<input type="checkbox"/> Does your child have any special needs or disabilities? : Y N Provide details:		
I/we hereby give permission for my/our child to receive emergency medical treatment in the event that I/we cannot be reached. Signed: _____ Date: _____ Child's Name: _____		

Toilet Training

Is your child toilet trained?	<input type="checkbox"/> During the day: Y N Date Achieved:
<input type="checkbox"/> Does your child let you know when he/she has to use the bathroom? : Y N	

Image Consent

I understand that in the course of activities, members and staff may capture my child's image and/or voice on still photography, motion picture film, audio tape, video tape or digital media. These photos are typically kept in photo albums; however they could be used as promotional material.

☐

I hereby agree that this material may be used solely to promote the school, in a whole or in part, within the community, on our website, in newsletters or in the classroom

☐

I do not give permission to use this material to promote the preschool, in whole or in part.

Information Consent

☐

I consent to release by child's name, family phone number and email address for the purpose of a class list to be distributed to current St. George Co Op Preschool families.

☐

I do not consent to the above.

Confidentiality Policy

I, the undersigned, knowing that my actions may affect the lives of children and their families, will respect their privacy and the privacy of the people I volunteer with at the preschool. I will not disclose information that came to my knowledge by reason of my volunteering, including the names (and contact information) of the children and families enrolled in the preschool, except to professional organizations as required.

I have read the above policies and agree to abide by the requirements as outlined.

Signed: _____ Dated: _____

Application for the Withdrawal of Membership

I, _____ Member of the St. George Co-op Preschool,
would like to submit my application to withdraw my membership from the preschool.

Member Information:

Member Name:

Address:

Phone number:

Effective Date:

Reason for Membership Withdrawal:

- ☐ Child is entering JK in September
- ☐ Moving
- ☐ Child will be going to Full- day childcare
- ☐ Other _____

I understand that the preschool requires my membership responsibilities to be fulfilled and my account must be in good standing prior to withdrawing membership. All preschool property must be returned before withdrawal effective date. Any credit balances will be refunded by the preschool within 2 weeks of the withdrawal approval.

Member Signature:

Date:

Board Approval:

Name: _____

Signature: _____