

Tender Years Co-operative School Registration Package 2011- 2012

PLEASE PRINT (DO NOT USE ANY ABBREVIATIONS IN ADDRESSES)

Please complete all addresses (home, work and doctors) including postal codes.

Child's Full Name: _____

Date of Birth: D _____ M _____ Y _____ Sex: _____

Address: _____ Postal Code: _____

_____ Home Phone: _____

Mother's Name: _____

Business & Full Address: _____

_____ P/C _____

Bus. Phone: _____ Cell # _____

Father's Name: _____

Business & Full Address: _____

_____ P/C _____

Bus. Phone: _____ Cell # _____

Persons authorized to pick up the child from school, in addition to parents above.

1. Name: _____ 2. Name: _____

Home Phone: _____ Home Phone: _____

Bus. Phone: _____ Bus. Phone: _____

Cell: _____ Cell: _____

Name of Emergency Person (other than parents): _____

Home Phone: _____ Bus. Phone: _____ Cell: _____

Does your child have any allergies? _____

Is an Epi-pen required? _____ Food Restrictions? _____

Does your child have special needs? _____

If yes, community agency involved: _____

Does your child have a medical condition? Yes ___ No ___

If yes, describe: _____ Regular Medication? _____

Doctor's Name: _____ Phone #: _____

Doctor's Full Address: _____ Postal Code: _____

Type of Membership Preferred: Active Non-Active

School Program Preferred:

Nursery School: 2am 3am 5am 2pm 3pm 5pm

Junior & Senior Kindergarten 2am 3am 5am 2pm 3pm 5pm

Signature of Parent or Guardian: _____ Date: _____

Date of Admission: _____ Date of Exit: _____

Medical Information

New Children

All children registering for the first time at Tender Years must complete a Peel Health Immunization Form. All children must have up-to-date immunization against diphtheria, pertussis (whooping cough), tetanus, polio, measles, mumps, rubella (German measles) and haemophilus influenza type b (HIB). A child can be exempted from immunization requirements for medical reasons or personal/religious beliefs by their parents/guardians. Please complete and return the form to Tender Years along with your completed registration forms. It is a requirement of the Day Nurseries Act that this information is received ***IN FULL*** before registration can take place.

Returning Children

If your child attended Tender Years last year, and you have already completed the Peel Health Immunization Form it is not necessary to complete another.

All Children

It is the responsibility of all parents/guardians to inform the school of any additional immunizations, boosters, and changes to doctor's information or health card details.

Are there food restrictions due to religious reasons? Yes No

If so please specify: _____

Does your child have any condition or allergy that warrants a special diet? Yes No

If yes, please give details: _____

Has your child ever been treated for a serious condition? Yes No

If yes, please give details: _____

Does your child have any condition, congenital or acquired, that we should know about?

Yes No

If yes, please give details: _____

Has your child had any communicable diseases, e.g. chickenpox, pink eye, head lice

Yes No

If yes, please give details: _____

Does your child have any hearing or vision difficulties? Yes No

Does your child have any communication difficulties? Yes No

If yes, please give details: _____

PERSONAL INFORMATION

Child's Name: _____

Do both parents live with the child? Yes No

If not, please describe relationship with absentee parent: _____

Please describe any custody arrangements: _____

Address of absentee parent: _____

Postal Code: _____ Phone #: _____

Is your child toilet trained? Yes No

Has your child attended school before? Yes No

If yes, please describe: _____

What is the method of discipline in your home? _____

Does your child have any particular activity likes or dislikes? _____

Does your child speak? _____ What language is spoken at home? _____

What are your expectations of Tender Years? _____

Is there any other information you would like us to have regarding your child

Consents & Commitments

- 1. Kindergarten Transportation Consent:** Permission is hereby granted to Tender Years Co-operative School to escort _____ on scheduled field trips outside of the school premises by public transportation or school bus. All dates will be posted and explained prior to the date. I understand that it is my responsibility to advise the school if my child will or will not be attending. Due to insurance reasons, siblings are not permitted on these trips.

Signature of Parent: _____ Date: _____

- 2. Photography:** During the school year, we video and photograph the classroom in action. I agree to allow photographs/videos to be taken of my child to be used for classroom projects and classroom photo albums.

Signature of Parent: _____ Date: _____

3. Team Commitment, Active Members:

Each family must participate on one team per child enrolled. Team membership is a condition on which you agree as an active member family of the school. **Failure to meet your team requirement will result in a \$25.00 fine the first time, \$50.00 fine the second time and dismissal from the school the third time.**

Signature of Parent: _____ Date: _____

4. General Meetings:

General Meetings are **mandatory for active members. Failure to attend may result in a \$25.00 fine.** General Meetings are a forum for members to share and discuss matters of the school and also vote approval of the annual audited financial statements and any proposed constitutional changes for the school. It is for this reason that it is recommended that non-active members also attend if possible.

Signature of Active Member: _____ Date: _____

5. Nursery School Field Trips:

The nursery school curriculum includes two field trips during the school year. School buses are arranged as transportation for these trips. Notification of the trips will be sent out well in advance. (Due to insurance reasons, siblings are not permitted on these trips.) I understand that an adult must accompany my child on the field trip.

Signature of Nursery School Parent _____ Date: _____

- 6. Transportation Note:** Automobile Insurance is not provided by Tender Years Co-op School for the owner of the vehicle even if it is used during a sanctioned event. The registered owner of the vehicle is responsible for maintaining adequate automobile insurance. Any physical damage to the vehicle or liability resulting from its use during participation in or travel to and from a sanctioned activity is the sole responsibility of the vehicle owner.

Signature of Parent: _____ **Date:** _____



TENDER YEARS' PRIVACY POLICY STATEMENT

Tender Years Co-operative School is committed to protecting the privacy of the personal information of its members and the children enrolled at our centre. We value the trust of those we deal with and recognize that maintaining this trust requires that we be transparent and accountable in how we treat the information that you choose to share with us.

In accordance with Tender Years' privacy policy, Tender Years collects, uses, transfers and discloses personal information for purposes limited to those that are related to its business of providing education and related services to its co-operative members. Tender Years may disclose personal information as required by law, to the Ministry of Children and Youth Services, under the Day Nurseries Act, the Children's Aid Society and Revenue Canada. (Copies of the Privacy Policy are available in the office.)

If you wish to receive Tender Years' notices and reminders about upcoming General meetings, Team & Committee communications, School closures, newsletters, Special Family Events, Fundraising Events and Dance Updates, please provide us with your E-mail address below. (E-mail addresses are collected solely as an avenue to communicate specific information to our Tender Years' families. They will not be provided to any third party for purposes of solicitation, etc.)

Our E-mail address is: _____

Protection of Confidential Information

It is the policy of Tender Years Co-Operative School, as directed in Section 6.12.59 ,of the Day Nurseries Act, in Tender Years, Constitution, Article XIV and in keeping with the Privacy Legislation in Canada, that all staff, Board of Directors, parents, volunteers and students be made aware of the confidential nature of information concerning children and their families and that the confidential nature of such information will be respected.

All reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal, or other abuse, will be exercised. Only Tender Years' staff and the Program Advisor from the Ministry of Community and Social Services during their mandatory annual inspection will have access to the children's records. All client information, which will come to our knowledge, will be considered confidential and will not be released to any agency or third party without signed authorization by the parent(s).

Signature: _____ Printed Name: _____

Date: _____

Management Signature: _____ Title: _____

Physician's Emergency Medical Consent Form

This form enables a doctor to give necessary treatment in case of an emergency when parents/guardians cannot be contacted. It is understood that every effort will be made to reach the parents. If, at any time, due to such circumstances as accident, sudden illness, or emergency, medical treatment is necessary, this treatment may be given to the following named child.

MEDICAL CONSENT FORM FOR THE SCHOOL YEAR: 2011 – 2012

Child's Name: _____ Date of Birth: _____

Parent/Guardian Names: _____ (parent/guardian)

_____ (parent/guardian)

Home Tel. # _____ Work Tel. # _____ (mother)

Work Tel # _____ (father)

Cell # _____ (mother) Cell # _____ (father)

Emergency Contact Person: _____ Tel.# _____

Allergies – Food, Medication, etc.

Medication/Health Concerns: _____

**Permission to take _____ to the hospital in case of an emergency.

(child's name)

Parent/Guardian sign: _____ (parent/guardian)

_____ (parent/guardian)

Date: _____

Active Member Team Choice

(Non-Active Members please complete section A only)

Section A

Child's Name: _____ NON- ACTIVE:

Mother's Name: _____ Home #: _____ Email _____

Father's Name: _____ Home #: _____ Email _____

Program in which you are registering: _____ Name of 2nd Child in School: _____

Nursery School: 2am 3am 5am 2pm 3pm 5pm

Kindergarten: 2am 3am 5am 2pm 3pm 5pm

Section B - Teams and Committees

Education Cut & Prep.Team (15 member a.m., 15 members p.m.)

Playdough/Laundry/ Library Team/Blue Box (5 members) Fish Tank Cleaner (1 member)

Repair Team (1 member) Baking Team/Toy Washing Team (4 -5 members)

Shopping Team (2 members.) Bingo Team (10 members)

Quilt Team (2 members) Sewing Team (1 member)

Fundraising Team (6 members) Special Events Team (10 members)

Marketing Team (6 members) Dance Committee (18 members)

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____

As indicated on the Consents & Commitments page of the registration package, all active members must fulfill their team requirements. Failure to meet the requirements will result in a \$25.00 fine the first time, \$50.00 fine the second time and dismissal from the school the third time.

Section C

If you are a returning member, please state which teams you were on in previous years:

Signature of Parent: _____ Date: _____

Date Received by Tender Years: _____

Section D

If you are interested in joining the Board of Directors, please indicate by checking one or more of the following boxes below. (Please note that these positions are elected at our General Meeting in May. Should you be successful, Board Members are not required to be on a team or committee.)

- President
- Vice President/Marketing
- Treasurer
- Secretary
- Fundraising
- Special Events
- Parent Liaison
- Dance Chair (s)
- Bingo Chair

Name: _____

Home Phone #: _____ Bus. Phone #: _____

My child is in: nursery school kindergarten

