

# TENDER YEARS CO-OPERATIVE SUMMER REGISTRATION 2018



## FAMILY INFORMATION

<i>Please complete in full</i>			
<b>CHILD'S INFORMATION</b>			
LAST NAME		FIRST NAME	
MIDDLE NAME		DATE OF BIRTH <small>(dd/mm/yyyy)</small>	GENDER  <input type="checkbox"/> F <input type="checkbox"/> M
LANGUAGE(S) SPOKEN AT HOME			
LIVING WITH	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> LEGAL GUARDIANS <input type="checkbox"/> FOSTER PARENTS		
CUSTODY	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> LEGAL GUARDIANS <input type="checkbox"/> CHILDREN'S AID		
<b>PARENT #1 INFORMATION</b>			
RELATIONSHIP TO CHILD			
LAST NAME		FIRST NAME	
HOME ADDRESS		CITY	
POSTAL CODE		EMAIL	
HOME #		CELL #	
WORK ADDRESS		WORK #	
<b>PARENT #2 INFORMATION</b>			
RELATIONSHIP TO CHILD			
LAST NAME		FIRST NAME	
HOME ADDRESS		CITY	
POSTAL CODE		EMAIL	
HOME #		CELL #	
WORK ADDRESS		WORK #	
<b>EMERGENCY CONTACTS / AUTHORIZED PICK UP PERSONS</b>			
1	NAME	RELATIONSHIP	
	ADDRESS <small>(street, city, postal code)</small>	HOME #	
		CELL #	
		WORK #	
2	NAME	RELATIONSHIP	
	ADDRESS <small>(street, city, postal code)</small>	HOME #	
		CELL #	
		WORK #	
<b>Please tell us how you originally found out about Tender Years?</b>			
SIGNATURE		DATE	

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## HEALTH / MEDICAL INFORMATION & LEARNING PROFILE

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

HEALTH / MEDICAL INFORMATION				
DOCTOR'S NAME		ADDRESS		
CITY		POSTAL CODE		
PHONE NUMBER				
ALLERGIES	<input type="checkbox"/> FOOD	<input type="checkbox"/> ENVIRONMENTAL	<input type="checkbox"/> DRUG	EPI-PEN? Y N
IF YES, SPECIFY				
<i>Does your child have any ...</i>	<i>Circle one:</i>	<i>Please provide details where appropriate:</i>		
• Dietary restrictions?	Y N			
• Medical condition(s)?	Y N			
• Signs of ill health?	Y N			
• Special dietary, rest, or exercise concerns?	Y N			
• Condition, congenital or acquired of which we should be aware?	Y N			
<i>Has your child ever ...</i>	<i>Circle one:</i>	<i>Please provide details where appropriate:</i>		
• Been treated for a serious condition?	Y N			
• Had any communicable disease(s), i.e. chicken pox, measles, mumps	Y N			
LEARNING PROFILE				
<i>Please answer the following:</i>	<i>Circle one:</i>	<i>Please provide details where appropriate:</i>		
Does your child speak?	Y N			
Does your child have any hearing or vision difficulties?	Y N			
Does your child have any communication difficulties?	Y N			
Is your child toilet trained?	Y N			
Has your child attended school?	Y N			
What is the method of discipline in your home?				
Does your child have any particular likes or dislikes?				
What are your expectations of Tender Years?				
Is there any other information about your child that we should know?				

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## CONSENTS & COMMITMENTS

Please review the following and provide your consent as appropriate.

Area	Description	Consent <i>Circle one:</i>	Initial
<b>Community Excursions</b>	I consent to my child to participating in neighbourhood excursions under teacher supervision.	Y   N	
<b>Field Trips</b>	The Toddler, Preschool, and Kindergarten programs may include field trips during the school year. Please take note of the following: <ul style="list-style-type: none"> <li>• Extra fees may be applicable</li> <li>• Toddler and Preschool trips require an adult to accompany a child on a field trip</li> <li>• Notification of trips will be sent out in advance, which must be signed by the parent</li> <li>• For insurance reasons, siblings are not permitted on trips</li> </ul>	Y   N	
<b>Late Policy</b>	On pick-up, please arrive no later than 6:00 pm to pick up your children from the full-day programs. <b>(Late fees after 6:00 pm are \$5.00/minute.)</b>	Y   N	
<b>Sunscreen</b>	I consent to Tender Years staff to apply sunscreen on my child. I understand sunscreen must be supplied by myself and labeled with my child's name.	Y   N	
<b>Audio-Visual Recordings &amp; Photographs</b>	I consent to photographs and other audio-visual recordings being taken of my child while in Tender Years' care. I further consent to Tender Years using photographs and recordings of my child in the following ways:	Y   N	
	<ul style="list-style-type: none"> <li>• Via Tender Years' website and social media (i.e. Facebook, Twitter, Pinterest, Google+, Instagram)</li> </ul>	Y   N	
	<ul style="list-style-type: none"> <li>• For classroom activities</li> </ul>	Y   N	
	<ul style="list-style-type: none"> <li>• For class/group photos, and photos for memory books and keepsakes. These may be distributed to other Tender Years' families</li> </ul>	Y   N	
<b>SIGNATURE OF PARENT / GUARDIAN</b>		<b>DATE</b>	

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## IMPORTANT CONSIDERATIONS

HEALTH		Initial	
<p>If my child becomes ill at Tender Years, I will be notified. If requested, I understand and agree that it is my responsibility to pick up my child or arrange for an emergency contact person immediately. I understand and agree that if my child is not well enough to participate in all components of the program, including outdoor play, then I am responsible for arranging alternate childcare. I also understand that my child must be symptom-free for 24 hours before returning him/her to school.</p>			
<p>I understand that it is best to administer my child's medication at home whenever possible. Should daytime administration be necessary, I understand that I must first complete a Medication Authorization form in order to authorize any Tender Years staff member to administer any medication.</p>			
<p>I understand that for health and safety reasons, Tender Years does not permit children or parents to bring food into the school. I confirm that I will not bring, and will not allow my child to bring food into the school. I will also ensure that my child's clothing and backpack does not contain any food items or medication.</p>			
<p>I acknowledge that reasonable efforts have been taken to provide an allergen free environment at Tender Years; however I understand that Tender Years cannot guarantee an environment free of all allergens. I acknowledge that my child may inadvertently come into contact with a substance that he/she may be allergic to and that such contact may result in an allergic reaction. I understand that there are certain risks of allergen contact in a child care setting.</p>			
RELEASE DISCLAIMER			
<p>In consideration of the provision of child care services, I hereby agree to release, waive, forever discharge, save harmless and keep indemnified Tender Years Co-operative School, (including its employees, Board of Directors, volunteers and other representatives for whom it is legally responsible, from and against all claims, actions, damages, costs, expenses, losses and liabilities, of any kind whatsoever, and however caused, arising from, or in connection with, the provision of child care services, unless same is caused by the sole negligence of Tender Years Co-operative School.</p>			
<b>PARENT/GUARDIAN SIGNATURE</b>		<b>DATE</b>	
<b>WITNESS SIGNATURE</b>		<b>DATE</b>	

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## PRIVACY POLICY

TENDER YEARS' PRIVACY STATEMENT	
<p>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.</p> <p>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 Education, under the Child Care and Early Years Act, the Children's Aid Society, and Revenue Canada. Copies of Tender Years' Privacy Policy are available in the office.</p> <p>If you wish to receive Tender Years' notices and reminders about upcoming general meetings, team and committee communications, school closures, newsletters, special events, and fundraising events, please provide us with your email address below. Email 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.</p>	
<b>EMAIL ADDRESS</b>	

## PROTECTION OF CONFIDENTIAL INFORMATION

<p>It is the policy of Tender Years Co-Operative School, as per section 38 of the <i>Freedom of Information and Protection of Privacy Act</i> and Tender Years' Constitution, Article XIV, 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.</p> <p>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 Education 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).</p>			
<b>PARENT / GUARDIAN NAME</b>		<b>DATE</b>	
<b>SIGNATURE</b>			
<b>OFFICE USE ONLY</b>			
<b>MANAGEMENT SIGNATURE</b>			
<b>TITLE</b>			
<b>DATE</b>			

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## MEDICAL CONSENT FORM 2017/2018

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 circumstances such as accident, sudden illness, or emergency, and medical treatment is necessary, this treatment may be given to the following named child.

<b>CHILD'S FULL NAME</b>			
<b>CHILD'S DATE OF BIRTH</b>			
<b>CHILD'S HEALTH CARD #</b>		<b>VERSION CODE</b>	
<b>HOME PHONE #</b>			
<b>FULL NAME PARENT #1</b>			
<b>HOME / CELL #</b>		<b>WORK #</b>	
<b>FULL NAME PARENT #2</b>			
<b>HOME / CELL #</b>		<b>WORK #</b>	
<b>EMERGENCY CONTACT</b>		<b>PHONE #</b>	
<b>ALLERGIES</b>			
<b>MEDICATIONS</b>			
<b>HEALTH CONCERNS</b>			

I, the undersigned, hereby give permission to Tender Years' staff to take my child, named above, to the hospital in case of emergency, in the event that I cannot be reached and the situation is such that medical assistance has been deemed necessary.

<b>PARENT/GUARDIAN NAME</b>		<b>DATE</b>	
<b>PARENT/GUARDIAN SIGNATURE</b>			

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## PROGRAM

At Tender Years Co-operative School, each week our campers will explore a number of different activities including Art, Music & Movement, Mini-Yoga, Mad Science, Gardening, and Cooking & Culture Day. In line with our early years programming during the school year, our Registered Early Childhood Educators will interpret the interests of each week's campers to create interesting and engaging themes.

## FEE SCHEDULE

All children will be placed in age-related groupings (Toddler, Preschool, and Kindergarten)

<b>WEEKLY FEES (5-DAY)</b>		
<i>All Day</i> (7am-6pm)	<i>School Day</i> (9am-4pm)	<i>Half Day</i> (9am-12pm)
\$270	\$245	\$130
<b>WEEKLY FEES (4-DAY)    ** Week of July 3th &amp; August 7th ONLY **</b>		
<i>All Day</i> (7am-6pm)	<i>School Day</i> (9am-4pm)	<i>Half Day</i> (9am-12pm)
\$215	\$195	\$105
<b>INCLUSIONS:</b> <ul style="list-style-type: none"> <li>• Breakfast before 9am</li> <li>• Morning snack</li> <li>• Lunch</li> <li>• Afternoon snack</li> <li>• After school snack</li> </ul>	<b>INCLUSIONS:</b> <ul style="list-style-type: none"> <li>• Morning snack</li> <li>• Lunch</li> <li>• Afternoon snack</li> </ul>	<b>INCLUSIONS:</b> <ul style="list-style-type: none"> <li>• Snack</li> </ul>

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## WEEKLY REGISTRATION



PLEASE COMPLETE IN FULL <i>My Child is Registering for: (please circle one):</i>			
TODDLER	PRESCHOOL	KINDERGARTEN	
<i>Check (✓) All That Apply</i>	<i>Check (✓) One</i>		
PROGRAM	ALL DAY (7am – 6pm)	SCHOOL DAY (9am – 4pm)	HALF DAY (9am – 12pm)
<input type="checkbox"/> WEEK ONE July 3-6 (4-day)			
<input type="checkbox"/> WEEK TWO July 9-13 (5-day)			
<input type="checkbox"/> WEEK THREE July 16-20 (5-day)			
<input type="checkbox"/> WEEK FOUR July 23-27 (5-day)			
<input type="checkbox"/> WEEK FIVE July 30-August 3 (5-day)			
<input type="checkbox"/> WEEK SIX August 7-10 (4-day)			
<input type="checkbox"/> WEEK SEVEN August 13-17 (5-day)			
<input type="checkbox"/> WEEK EIGHT August 20-24 (5-day)			
<b>TOTAL # OF 5-DAY PROGRAMS</b>			
X	<b>\$270</b>	<b>\$245</b>	<b>\$130</b>
=			
<b>TOTAL # OF 4-DAY PROGRAMS</b>			
X	<b>\$215</b>	<b>\$195</b>	<b>\$105</b>
=			
<b>GRAND TOTAL:</b>			
<b>Parent Signature</b>			<b>Date</b>
<b>Office Use Only:</b>			
<b>Admission Date</b>		<b>Notes:</b>	
<b>Withdrawal Date</b>			