REGISTRATION INFORMATION

PROGRAMS:
1. **Toddler:** 2-3 yrs of age - 2 mornings per week, Tues and Thurs from 9:00 to 11:00 a.m.
2. **Preschool:** 3-4 yrs of age – 3 mornings per week, Mon, Wed, Fri from 9:00 to 11:30 a.m.
3. **Flex:** 3-4 yrs of age – 1 or 2 mornings per week, Mon, Wed, Fri from 9:00 to 11:30 a.m.

Please Note: If there is only one remaining spot available in a program, priority will be given to a student that can commit to full time, over a student wanting to attend one or two days a week. We will be as accommodating as possible if a situation such as this arises.

TUITION FEES:

**FULL TIME PARTICIPANTS**

Option One

One cheque dated September 1 for full tuition and membership fees
- Annual tuition for toddler program $1,350 + $50 = $1,400*
- Annual tuition for preschool program $1,750 + $50 = $1,800*

Option Two

Ten post-dated cheques payable the first of each month (Sept 1 – June 1) membership fee paid separately
- Monthly tuition for toddler program $135/month x 10 *
- Monthly tuition for preschool program $175/month x 10 *

**FLEX PROGRAM PARTICIPANTS**

Option One

One cheque dated September 1 for full tuition and membership fees
- Annual tuition for flex program 1 day/week $550 + $50 = $600*
- Annual tuition for flex program 2 days/week $1100 + $50 = $1150 *

Option Two

Ten post-dated cheques payable the first of each month (Sept 1 – June 1) membership fee paid separately
- Monthly tuition for 1 day a week $55/month x 10 *
- Monthly tuition for 2 days a week $110/month x 10 *

*For an additional fee of $40/month, per child, parents will be excused from the classroom duty day obligation. (See section 8 for more information.)

MEMBERSHIP FEES:

Membership fee is $50 per family – all families are required to pay this fee

Please note Membership cheque will be cashed no earlier than July 1
**DEPOSIT FOR EVENT PARTICIPATION**

A $75 deposit is required in case of non-participation in a school related community event. Families are required to participate in a minimum of one school related community event and this deposit will only be cashed if your family chooses not to assist with one event.

**SPECIAL NOTES**

- First month's tuition due Sept 1 along with 9 post-dated cheques (Oct 1 through June 1) OR full tuition due Sept 1.
- Tax receipts for tuition are issued in February and June.
- NSF cheques are subject to a penalty fee.

**THE CO-OPTERATIVE**

Parents who enrol their children in the Richmond Co-operative Nursery School become members of the co-op. Active participation in a child's first school experience provides great benefits to both children and parents alike. Further details regarding member participation is in the Parent Handbook-A Policies and Procedures Manual.

**MEMBERS OF THIS CO-OPTERATIVE ARE EXPECTED TO:**

- Complete all the requirements as outlined in the registration package.
- Participate in the operation of the school either by serving on the Executive or by serving on a committee.
- Assist with a minimum of one school related community event. If this requirement is not met, the deposit of $75 will not be returned.
# 1 - PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Surname</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>(Month/Day/Year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent 1</th>
<th>Name</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cell #</td>
<td>Work #</td>
</tr>
<tr>
<td></td>
<td>Work Address</td>
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</tr>
<tr>
<td></td>
<td>Occupation</td>
<td>Email</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent 2</th>
<th>Name</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Address</td>
<td></td>
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<td>Cell #</td>
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<td></td>
<td>Occupation</td>
<td>Email</td>
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</tbody>
</table>

## Medical Information

<table>
<thead>
<tr>
<th>Child’s Physician</th>
<th>Name</th>
<th>Phone</th>
<th>Address</th>
</tr>
</thead>
</table>

### Allergies and/or Medical Conditions

### Local Emergency Contacts – Other than parents listed above

<table>
<thead>
<tr>
<th>1</th>
<th>Name</th>
<th>Phone</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Name</td>
<td>Phone</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

### Authorized Alternate Child Pick-up – Other than parents listed above

<table>
<thead>
<tr>
<th>1</th>
<th>Name</th>
<th>Phone</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Name</td>
<td>Phone</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

## Program

| Toddler Program | 2-3 years old (must be 2 by Dec 31/16) | Tuesday and Thursday 9:00 to 11:00 a.m. | |
| Preschool Program | 3-4 years old (must be 3 by Dec 31/16) | Monday, Wednesday and Friday 9:00 to 11:30 a.m. | |
| Flex Program | 3-4 years old (must be 3 by Dec 31/16) | 1 or 2 of the following days: Monday, Wednesday or Friday 9:00 to 11:30 a.m. | □ M □ W □ F |
| | | | Check off choice of days |

I understand that by registering my child at RCNS that I become a member and agree to assume the duties and responsibilities required of members, as stated in the RCNS By-laws. Duties include fulfillment of duty days and committee assignments, as designated by the RCNS Executive and/or the appropriate committee director. Responsibilities include advance payment of fees and tuition.

Parent’s signature ___________________________________________ Date ____________________

For office use only: Date Received ________ Admission Date __________ Discharge Date __________
2 - PARENT PARTICIPATION FORM

All co-op parent members are required to:
- Assist with school related community events
- Serve on one committee or executive position (one parent per family) **NOTE:** For those families involved with the Flex Program, you will be expected to assist with a COMMITTEE for the months that your child attends RCNS.

Please indicate your first, second, third and fourth choice. Positions are assigned so that most get their first or second choice, but none are guaranteed. If you do not select either a committee or an executive position, you will be assigned to the one where you are most needed.

Name of Parent Participating: ____________________________

COMMITTEES
- Housekeeping
- Housekeeping Coordinator
- Publicity and Communications
- Webmaster
- Grounds, Maintenance and Repairs
- Scholastic Coordinator
- Teacher’s Aide
- Classroom Special Activities
- Finance Coordinator
- Internal Auditor

EXECUTIVE POSITIONS
- President
- Vice President
- Treasurer
- Registrar
- Director of Publicity & Communications
- Secretary
3 - PERMISSIONS RELATIVE TO THE SUBMISSION OF PERSONAL INFORMATION AND THE PROTECTION OF PRIVACY

Consent

I provide my consent to the RCNS to collect, use and disclose my personal information as outlined in the Richmond Cooperative Nursery School’s Privacy Policy. The complete privacy policy can be viewed at The Richmond Cooperative Nursery School at: 3529 McBean Street, Richmond, ON K0A 2Z0.

Name: ____________________________________________

Signed: _____________________________ Date: ______________

Confidentiality Agreement

To be signed by all persons who may gain knowledge of private information through their dealings with the Richmond Cooperative Nursery School, including—but not limited to—duty days, committee work, school outings, processing registrations, etc.

The sharing of private information is an integral part of conducting the business of the Richmond Cooperative Nursery School; all program staff (including directors, teachers, program assistants and supply teachers), students, program advisors, Board members, parents, “duty parents” and other volunteers must observe the confidentiality of this information.

The purpose of this policy is the protection of all forms of communication, related to children, program staff or students and their respective families, at all times. Confidential information is to be shared, “behind closed doors”, on a need-to-know basis only. Confidential information acquired may not be disclosed through informal discussions or casual conversations. Shared information is to be stated objectively, without judgmental statements or bias.

Each person is responsible for the security of confidential information collected and/or stored by him or her. Information obtained and stored must be relevant to the overall operation of the Nursery School or to an individual program. Parents/guardians, “duty parents”, program staff, volunteers and students have the right to access any stored information about themselves or their children.

When an outside agency or individual requests confidential information about the students of the Richmond Cooperative Nursery School, the written consent of the child’s parent/guardian is required prior to the release of information. The complete policy regarding confidentiality can be viewed at The Richmond Cooperative Nursery School at 3529 McBean Street, Richmond, ON K0A 2Z0.

Breaches of confidence as they relate to this Policy may result in disciplinary action.

I, ____________________________, have read, and understand the contents of this agreement pertaining to confidentiality. I do agree to abide by this agreement as it relates to the confidentiality policy of the Richmond Co-operative Nursery School.

Signature: _____________________________ Date: ___________________________
Photography and Electronic Communications

Photographs / Video / E-mail Communications Consent Form

The Richmond Co-operative Nursery School’s Web site (www.rcns.ca) gives the community an idea of what our school has to offer children. Including photos of school activities on the site is one way to show what our students experience in our programs. The photos will generally be larger group shots and may not have the names of the students listed. Please note that your child’s name will not be used unless specified as below.

The school also uses photos/videos for activities inside the school (e.g. a group of photos from a recent field trip) or for publicity purposes in local newspapers. Please note that your child’s name may be used in these circumstances.

Please check the appropriate box for each statement

| I give RCNS permission to publish my child’s photo on the RCNS Web site. | YES | NO |
| I give RCNS permission to publish my child's photo on the RCNS Facebook page. | YES | NO |
| I give permission to use my child’s photo/video for classroom activities or publicity purposes. | YES | NO |
| I give permission for my child’s name to be used with their picture for classroom activities or publicity purposes. | YES | NO |

Comments: __________________________________________________________________________________

Parent/Guardian’s Signature: ____________________________ Date: ______________

The RCNS respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The personal information you provide is used only to deliver services and to keep you informed and up-to-date on the activities of the RCNS, including program delivery, special events, funding needs, opportunities to volunteer, and more, through periodic contacts. If at any time you wish to be removed from our database or have any concerns, please contact the school director by e-mail at richmond_nursery_school@hotmail.com or by phone at (613) 838-2575, and we will gladly accommodate your request.
4 - ACTIVITIES AND FIELD TRIPS CONSENT FORM

Field trips are activities that are part of the regular scheduled school program. The trips are of an educational nature and are related to the subjects being studied at the school. Field trips also include walks of less than three blocks when our playground is not operational (e.g. too wet). You will be notified in advance of any upcoming field trips, not including walks of less than three blocks, through our monthly newsletters. Please note certain field trips may only be scheduled for the preschool class, due to length and/or content. Please also note the class will be held at the field trip location.

Parents are responsible for their children on all field trips more than three blocks distance from the school. This includes transportation and remaining with your child for the duration of the field trip. Depending upon the trip, siblings may or may not be able to join us.

I hereby give permission for ____________________________________________ (child’s name) to participate in all field trips that have been approved as part of the Richmond Cooperative Nursery School programming.

Parent/Guardian Signature_____________________________________ Date _____________

5 - TEACHER INFORMATION FORM

The following information will help to familiarize the teacher with your child. This information is confidential.

Names and ages of other children in the family
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Are there other persons living with your family? If yes, who?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Does your child have any speech difficulties/delays? Does your child speak another language? If yes, specify.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Does your child have any fears? What helps to calm your child?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

How does your child normally react when left?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Does your child have any special needs? Please describe:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Has your child had any school, dance class, or other formal group experience? Describe:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Is there any information the teacher should know that might help them in understanding and assisting your child?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What expectations do you have for your child and for yourself from Nursery School?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

As new situations and changes arise that will have an impact on your child please inform us so we can be aware and nurture your child in the best way possible.
6 - TALENT AND SERVICES

Our Nursery School has a wide range of needs and uses for talents and services. If you can help us out in the area, it might save us money or get something done that might not otherwise have been possible. Please review the list below and if your talents go beyond this, please elaborate.

Parent’s Name: ____________________________________________

I am currently certified in First Aid/CPR  Yes  No  (please circle)

If yes, please indicate the institution it is from, type of certification and when it expires:
_____________________________________________________________________________

I have access to/am certified in (a very handy family member ie. grandparents, aunts, uncles):

- Paper
- Craft Supplies
- Financial, Accounting, Bookkeeping Background
- Musical Talent
- Sewing Talent
- Carpentry Talent

Pertinent Careers (vets, doctors, dentists, police, drive a big truck, farmer etc., who can visit the class and talk to the children)

Other (i.e. old costumes etc. to donate to our dress-up area)

7 - SUBSTITUTE TEACHING

In the event that one of the teachers would have to be absent from the school, we would like to cover off the teaching duties within the membership of families already part of the school. Please complete this section to assist us in determining whether this would be possible.

Yes  No

Y  N  I hold an Early Childhood Education Certificate

Y  N  I hold an Ontario teaching Certificate

Y  N  I would substitute for a teacher if needed on a short term basis

Y  N  I would consider substituting for a longer period of time if ever needed

Y  N  I hold no official certificate but do have significant teaching experience

Y  N  I hold no official certificates but would be willing to fill in as the teacher should no one else be available
I, the undersigned parent or guardian of the registered child, understand that the RICHMOND CO-OPERATIVE NURSERY SCHOOL is a NON-PROFIT organization, administered voluntarily by the parents/guardians of the children. Therefore I will not undertake any action against St. Andrew's Church, any member of the Nursery School or staff of the Nursery School for responsibility or liability arising from or en route to or from school premises. I understand that as a parent/guardian I will be assured by the Nursery School Executive that insurance coverage had been obtained for any act of negligence in which a staff member or member of the Nursery School would be legally liable. I understand that the Nursery School and its staff will attempt to take due precaution that such negligent acts will not occur.

The RCNS respects your privacy. We protect your personal information and adhere to all legislative requirements with respects to protecting privacy. We do not rent, sell or trade our mailings list. The personal information you provide is used to deliver services and to keep you informed and up-to-date on the activities of the RCNS, including program delivery, special events, funding needs, opportunities to volunteer, and more, though periodic contacts. If at any time you wish to be removed from our database or have any concerns, please contact the school director by email at richmond_nursery_school@hotmail.com or by phone at 613-838-2575, and we will gladly accommodate your request.

Parent/Guardian signature: _____________________________ Date: ________________
Immunization Information

Children attending licensed child care facilities in Ontario must be immunized as required by the Day Nurseries Act. Please refer to the Ontario Vaccine Requirements sheet to ensure that your child's immunization is up-to-date for his or her age. Parents/guardians must provide a valid exemption for children who are not immunized.

Ottawa Public Health must collect and maintain immunization information. The information is periodically reviewed to ensure that children continue to meet the requirements of the law.

Please remember to inform your child care provider and Ottawa Public Health every time your child receives additional vaccinations.

If an exemption is required for any reason, contact the Immunization Program at 613-580-6744 ext. 24108.

Complete this form and attach a photocopy of your child's immunization record or the exemption form.

Child information

Last Name: ___________________________ First Name: ___________________________ Other Name: ___________________________

Gender: Male ☐ Female ☐ Date of Birth: _______ / _______ / _______ (YYYY/MM/DD)

Ontario Health Card Number: ___________________________ Country of Birth: ___________________________

Name of Child Care Facility: ___________________________

Doctor's Name: ___________________________ Telephone: ___________________________

Parent/Guardian information Preferred Language: English ☐ French ☐ Other: ___________________________

Mother Last Name: ___________________________ Mother First Name: ___________________________

Home Address: ___________________________ Apt./unit: ___________________________

City: ___________________________ Postal Code: ___________________________

Tel. (home): ___________________________ Tel. (work): ___________________________ Cell: ___________________________

Parent/Guardian information Preferred Language: English ☐ French ☐ Other: ___________________________

Father Last Name: ___________________________ Father First Name: ___________________________

Home Address (If different from Mother): ___________________________ Apt./unit: ___________________________

City: ___________________________ Postal Code: ___________________________

Tel. (home): ___________________________ Tel. (work): ___________________________ Cell: ___________________________

Parent/Guardian information (Other) Preferred Language: English ☐ French ☐ Other: ___________________________

Other Last Name: ___________________________ Other First Name: ___________________________

Home Address: ___________________________ Apt./unit: ___________________________

City: ___________________________ Postal Code: ___________________________ Relationship: ___________________________

Tel. (home): ___________________________ Tel. (work): ___________________________ Cell: ___________________________

For more information, or to update your child's immunization record, contact:

Ottawa Public Health Immunization Program
100 Constellation Drive, 7th Floor West, Ottawa, ON K2G 6J8

Telephone: 613-580-6744, ext. 24108 Fax: 613-580-9660

E-mail: Immunization@ottawa.ca Web: ottawa.ca/health

Personal health information is collected under the authority of section 33 of Regulation 262 under the Day Nurseries Act and section 5 of the Health Protection and Promotion Act and will be used by Ottawa Public Health to maintain an immunization record for your child and to take appropriate action to prevent vaccine preventable diseases. Questions regarding the collection and use of personal health information may be directed to the Supervisor, Immunization Program, Ottawa Public Health by mail at 100 Constellation Drive, Ottawa, ON K2G 6J8, by telephone at 613-580-6744 ext 24108, or by e-mail at Immunization@ottawa.ca.
HAVE I INCLUDED EVERYTHING?

☐ Registration Forms completed & signed

☐ **IF** you would like to volunteer in the classroom a Police Record Check for Service with the Vulnerable Sector provided by you that is **current within 6 months. The link below will direct you to the required forms to submit to the police.**

☐ Proof of Age for the Student

☐ Child’s Immunization Records (Green City of Ottawa form) completed with two photocopies of your child’s immunization records attached

**Fees Paid by Cheque**

☐ Membership Fee
  - Non-refundable
  - Due upon registration, will be cashed no earlier than July 1
  - Valid from September – to August
  - All Programs $50.00 per family

☐ Deposit for School Related Community Event Participation ($75 cheque dated June 1, 2017)
  - Each family is required to assist with a minimum of one school related community event. If this requirement is met, the cheque will not be cashed. If this requirement is not met, the cheque will be cashed.

☐ Tuition Fees

  ⭐ **Option One**
  One cheque dated September 1 for full tuition and membership fees

  Annual tuition for toddler program $1,350 + $50 = $1,400
  Annual tuition for preschool program $1,750 + $50 = $1,800
  Annual tuition for flex program 1 day/week $550 + $50 = $600
  Annual tuition for flex program 2 days/week $1100 + $50 = $1150

  ⭐ **Option Two**
  10 post dated cheques for Sept 1 - June 1

  Monthly tuition for toddler program $135/month x 10
  Monthly tuition for preschool program $175/month x 10
  Monthly tuition for flex program 1 day/week $55/month x 10
  Monthly tuition for flex program 2 days/week $110/month x 10