

**2011 – 2012 – Registration Information**  
**Meadowest Preschool**  
**Phone: 905-301-3781**

Meadowest Preschool is a co-operative school. As a member of the school, it is critical that you fulfil all your responsibilities. We realize that not all members are able to actively participate. We therefore have a choice of two memberships. **Active members** must attend our 4 General Meetings and commit to a job, as well as stay in the classroom as a Duty person once or twice a month. **Non-Active members** are encouraged to attend General Meetings but it is not mandatory, and they are not required to have a job or do Duty. In the event that all the spaces for Non-Active members are filled, you may be placed on a waiting list and have the option of being an Active member until a space is available.

**PROGRAM TIMES AND FEES**

**Monthly Fee**

**2 mornings (Tues, Thurs 9:00am-11:30am)**

**Active \$138                      Non-Active \$199**

**3 mornings (Mon, Wed, Fri 9:00am –11:30am)**

**Active \$201                      Non-Active \$292**

**5 mornings (Mon - Fri - 9:00am –11:30am)**

**Active \$307                      Non-Active \$445**

**3 afternoons (Mon, Wed, Fri 1:00pm – 3:30pm)**

**Active \$201                      Non-Active \$292**

\*\*There is a 5% discount for a 2<sup>nd</sup> child within the same immediate family.

**ALL registration forms, immunization forms, photos and cheques must be completed in full in order for your child to start school.**

**Payments due at time of Registration:**

- Non refundable registration fee (\$50) dated at time of registration
- First & last month's fee (September 2011 & June 2012) dated September 1, 2011
- Post-dated cheques from October 1, 2011 to May 1, 2012

Your child's name and class should be written on each cheque. These must be included with the registration package. Please make all cheques payable to **Meadowest Preschool**.

Should you need to withdraw your child from the school, you must give at least **30 days notice** by the last day of the month. Cheques will be deposited on the 1<sup>st</sup> day of each month and are non-refundable once cashed. Notice should be presented to the President and the Registrar.

You will receive a Year at a Glance at the beginning of the year. This will let you know about school events, meetings and holidays. The school is closed for 2 weeks at Christmas and 1 week for March break, following the school boards' schedule. The school is also closed for all statutory holidays, and a few PD days throughout the year.

Your child will require a pair of indoor shoes, and an easy to open bag (a reusable shopping bag with lots of room for artwork).

Please bring in a small (approx 2" x 2") picture of your child's face. It does not need to be a professional picture. If your child has allergies that require medication, please bring in 2 pictures.

It is **mandatory** that all Active members attend the Orientation Meeting in September. The purpose of this meeting is to review the workings of the school, as well as our policies and procedures. This meeting also gives parents the opportunity to ask questions and clarify any issues that they may have. We encourage Non-Active members to attend this meeting as well.

### **Medical Records and Criminal Reference Checks:**

#### Children

All parents/guardians are required to submit their child's vaccination dates on the Peel Health Immunization Records form (available from the teacher) and provide 2 photocopies of your child's Immunization (yellow) card. One copy will be sent to Peel Health and the other is placed in your child's file. Please carefully read the Region of Peel form for all the details. **Each time your child receives another immunization you are required to inform Peel Health.**

#### Active Members

All Active members are **required** to have:

- a current Criminal Reference check (form available from the teacher)
- a TB test
- an up-to-date diphtheria/tetanus/polio booster
- an MMR booster or documented immunity in order to do duty in the classroom.

As of September 1<sup>st</sup> if you do not have your Duty Person Medical Form submitted, you will be required to pay Non-Active fees that month, and each subsequent month until the form is submitted. If joining partway through the year, you will have 2 weeks in which to submit your Duty Person Medical Form. After the grace period, you will be required to pay Non-Active fees each month your forms are not completed. If there are extenuating circumstances which do not allow you to complete this form, please speak with the Registrar. If needed, Immunization exemption forms may be obtained from the local medical officer of health.

**Please keep these first 2 pages for your records, and complete the following information package in full. When filling out the forms, do not use abbreviations, do not write "same as above", and please ensure each blank is filled in.**

**Meadowest Co-operative Preschool Registration 2010- 2011**

Please do not use any abbreviations (eg. Ontario, not ON). **Fill in every space.**

Child's Full Name: \_\_\_\_\_  
Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mother's Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ P.C. \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ P.C. \_\_\_\_\_ Home Phone: \_\_\_\_\_

**IF WORKING OUTSIDE OF THE HOME:**

Mothers' Work Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IF WORKING OUTSIDE OF THE HOME:**

Father's Work Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of Persons to whom the child can be released (in addition to parents):

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Emergency Contact if parent(s) cannot be reached:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Please list any of your child's allergies: \_\_\_\_\_

Is an Epi-pen required? YES NO

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: \_\_\_\_\_

Any Medication Required: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_

**Membership** (please circle): Active Non-Active      **Class:** 2am 3am 5am 3pm

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_

### **Medical Information**

All children registering for the first time at Meadowest must complete a Peel Health Immunization Form (available from the teacher) and submit 2 copies of your child's Immunization (yellow) card. All children must have up-to-date immunization against diphtheria, whooping cough, tetanus, polio, measles, mumps, rubella (German measles) and haemophilus influenza type b (HIB). Please complete and return the form to Meadowest along with your completed registration forms.

Are there food restrictions due to religious reasons? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have a condition/allergy that requires a special diet? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have epilepsy? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have asthma? Yes No

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Does your child have any communication difficulties? Yes No

If yes, please explain: \_\_\_\_\_

Does your child require medication? Yes No

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Does your child have any other condition that we should know about? Yes No

If yes, please explain: \_\_\_\_\_

**Personal Information**

Child's Name: \_\_\_\_\_

Do both parents live with the child? Yes No

If no, please describe any custody arrangements: \_\_\_\_\_

Address of non-custodial parent: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Is your child toilet trained? YES NO

Has your child attended school before? YES NO

If yes, please explain where/when: \_\_\_\_\_

What is the discipline method at home? \_\_\_\_\_

Does your child have any particular activity likes or dislikes?

Any specific requirements for diet, rest of exercise? YES NO

If yes, please explain: \_\_\_\_\_

Does your child speak? Yes No

1st Spoken Language at home: \_\_\_\_\_

2nd Spoken Language at home: \_\_\_\_\_

What is the reason for enrolling your child in Meadowest Preschool? \_\_\_\_\_

How did you hear about Meadowest? \_\_\_\_\_

If there anything else you would like to tell us about your child? \_\_\_\_\_

## Consents & Agreements

### 1. Fundraising Options:

Meadowest Preschool has 4 fundraisers throughout the year. All families must participate or contribute accordingly. You may participate in the 4 fundraisers by selling a minimum of **\$40** per fundraiser in **profit**, or choose not to participate and instead pay **\$40** at the time of the fundraiser as a buyout fee. You may also choose not to participate in any of the fundraisers and pay **\$160** at the beginning of the year.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Photography:

(i) I give permission for my child's picture to be taken by the members and staff of Meadowest Preschool. Photographs may be shared, purchased or given to families/members of the Preschool. I will follow the guidelines set down in the privacy policy regarding the taking of pictures by other parents/members of the Preschool.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

(ii) I give permission for my child's picture to be taken by the members and staff of Meadowest Preschool, where they can be posted on the website ([www.meadowest.com](http://www.meadowest.com)) or used in marketing materials for Meadowest, such as brochures. I will follow the guidelines set down in the privacy policy regarding the taking of pictures by other parents/members of the Preschool.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Field Trips:

I give my permission for my child to participate in all school activities both on and off the premises of Meadowest Preschool. I hereby wave and release Meadowest Preschool, its directors, officers, agents and employees from any and all claims, demands, actions or causes of actions which may arise out of accident, injury or damage which may while participating in the schools activities, on and off site excursions. I also assume and accept all risk, danger and hazards in connection with Meadowest Preschool.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Job Commitment, **Active Members only:**

Each Active family must have one job per child enrolled. Failure to meet your job 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 Active Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### 5. General Meetings, **Active Members Only:**

General Meetings are mandatory for active members. Failure to attend will result in a \$20.00 fine. General Meetings are a place for members to share and discuss the school and classroom, approve financial statements and vote on any changes for the school. It is for this reason that it is recommended that non-active members also attend if possible.

Signature of Active Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### 6. Duty Person Medical Consent Form, **Active Members only:**

All Active members are required by the local medical officer of health to a T.B. test, an up-to-date diphtheria/tetanus booster and proof of primary series of Polio and MMR booster or immunity, since you will be doing duty in the classroom. If as of September 1st you do not have your Duty Person Medical Form submitted, you will be required to pay Non-Active fees for the month, and any month following in which the form is not submitted. If joining partway through the year, you will have 2 weeks in which to submit your Duty Person Medical Form or else be required to pay Non-Active fees.

Signature of Active Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## **Confidentiality and Non-Disclosure Agreement**

The privacy of personal information is an important principle to Meadowest Preschool. We are committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the goods and services we provide. We also try to be open and transparent as to how we handle personal information. Furthermore, proprietary information, internal information, data, and materials of Centre are valuable assets. Protection of this information plays a vital role in Meadowest's continued growth, public image, and confidence in the services it offers. This document describes our confidentiality and non-disclosure policies.

Therefore, the undersigned agrees to the following:

**1. ACKNOWLEDGEMENT OF IMPORTANCE OF NON-DISCLOSURE** The Undersigned acknowledges that the information to which they will have access as a result of their position with Meadowest Preschool is confidential, unique, and valuable to Meadowest Preschool and that the unauthorized disclosure of that information to another party would cause Meadowest Preschool and its clients irreparable harm and to be in violation of the Personal Information Protection and Electronic Documents Act (PIPEDA) covering the collection, use or disclosure of personal information in the course of any commercial activity.

### **2. AGREEMENT NOT TO DISCLOSE CONFIDENTIAL INFORMATION**

The undersigned acknowledges that in order to appropriately safeguard the interests of Meadowest Preschool, its clients, staff, and business affairs:

- a. He/ She will not directly or indirectly disclose any information relative to the business or affairs of Meadowest Preschool or personal information concerning its employees, clients, or associations it serves except as may be necessary in the proper discharge of his/her duties.
- b. He/She shall use his or her best efforts to cause all persons or entities to which any information shall be disclosed by him or her to observe the terms and conditions set forth herein or as otherwise set out in Meadowest Preschool's internal policies and procedures.
- c. He/ She shall not remove any confidential information from Meadowest Preschool's premises except in the course of performing his or her duties on behalf of Meadowest Preschool or without the prior authorization of the Executive Director.
- d. He/ She shall have no obligation to keep confidential any information if and to the extent disclosure of any such information is specifically required by law or if the information has been released to the public by Meadowest Preschool; except as may be necessary in the proper discharge of his or her duties, or after termination of his or her employment for any reason, except with the express written authorization of Meadowest Preschool or as may be required by law.

### **3. AGREEMENT TO ABIDE BY PRIVACY POLICY**

The undersigned acknowledges that he/she has an understanding of the organization's privacy policy and agrees to abide by it.

### **4. RETURN OF CONFIDENTIAL INFORMATION**

The undersigned acknowledges that upon the termination or conclusion of her / his position with Meadowest for whatever reason, he/she shall return all information immediately to Meadowest Preschool along with any confidential information including copies, extracts, computer diskettes, or other reproductions in his or her control.

### **5. SURVIVAL**

The undersigned acknowledges that the terms of this Agreement shall continue to be effective at all material times after the termination or conclusion of her/his position with Meadowest Preschool for whatever reason.

### **6. ENFORCEMENT OF AGREEMENT**

Meadowest Preschool shall be entitled to specific performance and injunctive relief for any breach of this Agreement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Active Member Job Options**

(Non-Active Members do not need to fill out this page)

Child's Name: \_\_\_\_\_

Class (please circle): 2am 3am 5am 3pm

- |  |                                    |
|--|------------------------------------|
| Inventory Control (1)                    | Toy Cleaner (2)                    |
| Mail Pick-Up (1)                         | Website Maintenance (1)            |
| Newsletter/Bulletin Board (1)            | Social Committee Chair (1)         |
| Duty Scheduler (1 per class)             | Class Representative (1 per class) |
| Grocery Shoppers (from 5AM or 3AM class) | Laundry (2)                        |
| Maintenance/Playground Maintenance (1)   | Playdough Maker (1)                |
| Classroom Cleaner (3)                    | Art Prep/Teacher's Helper (2)      |

Please Note: The number in brackets indicates how many people are needed per position - please choose 3 different job titles for your preferences. We cannot guarantee your first choice.

Please write in your preferences:

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

All active members must fulfill their job requirements. If requirements are not met, there will be 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: \_\_\_\_\_

If you are interested in joining the Executive Board of Directors, please indicate by circling one or more of the jobs below. If you hold an Executive position, you do not need to choose one of the above jobs. Being on the Board means you play an integral part in managing the school. You will be expected to attend Executive meetings and be involved in making decisions that affect the management of the school. Although it is a greater commitment to the school, being an Executive member also allows you to expand your knowledge and experience on a professional level, and impact the operation of the school.

President & Association of Preschool Education Rep

Vice President of Operations                      Registrar

Vice President of Marketing                      Treasurer

Secretary    Fundraising Chairperson

Parent Teacher Liaison

Name of interested Member: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Duty Person Medical Form**

(Only Active Members are required to fill out this form)

Each person who will do Duty in the classroom must fill out this form and provide a Criminal Reference Check (which is a separate form that can be obtained from the teacher). This person may be a parent, other family member, guardian or babysitter. If as of September 1st you do not have this form submitted, you will be required to pay Non-Active fees for the month, and any month following in which the form is not submitted. If joining partway through the year, you will have 2 weeks in which to submit your Duty Person Medical Form or else be required to pay Non-Active fees for each month that it is not complete. If needed, Immunization exemption forms may be obtained from the local medical officer of health.

Duty Person's Name: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Class: 2AM 3AM 5AM 3PM

**Please detach this form and have it filled out by a Doctor.**

**Tuberculin Skin Test**

Under Ontario law, a tuberculin skin test is required for duty persons who participate in cooperative day nursery programs. Duty persons must promptly report any exposure to an active case of tuberculosis. This test is required every 2 years.

TB Test Date: \_\_\_\_\_ Result: Positive Negative

If positive, date of chest x-ray: \_\_\_\_\_ (please provide a copy of x-ray)

**Diphtheria/Tetanus/Polio Booster**

A DTP booster is required every 10 years for duty persons who participate in a cooperative day nursery program.

Date of DTP Booster: \_\_\_\_\_

**Measles/Mumps/Rubella Booster**

Duty persons must report that they have been immunized against Measles, Mumps and Rubella or that at some time they contracted any of these illnesses and are therefore naturally immune. If uncertain about the history of these illnesses, the duty persons may need to have a test performed to confirm their immunity.

Date of MMR Booster: \_\_\_\_\_

If duty person has had any of these illnesses, please provide details: \_\_\_\_\_

Duty Person's Signature \_\_\_\_\_ Date: \_\_\_\_\_

***For Meadowest Executive Only – Criminal Reference Check Information***  
**Name on CRC:** \_\_\_\_\_ **Date Seen:** \_\_\_\_\_  
**Returned: Yes No**  
**Signature of Registrar/Supervisor:** \_\_\_\_\_