2010 – 2011 – 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 **3** 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 $130 **Non-Active $188**

3 mornings (Mon, Wed, Fri 9:00am –11:30am)
Active $190 **Non-Active $275**

5 mornings (Mon - Fri - 9:00am –11:30am)
Active $290 **Non-Active $420**

3 afternoons (Mon, Wed, Fri 1:00pm – 3:30pm)
Active $190 **Non-Active $275**

**There is a 5% discount for a 2nd child within the same immediate family.

ALL registration forms, immunization forms 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 2010 & June 2011) dated September 1, 2010
– Post-dated cheques from October 1, 2010 to May 1, 2011

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 1st day of each month and are non-refundable once cashed. Written 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 is preferred).

Please bring in 2 small pictures (approx 2" x 2") 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 3 pictures.

It is **mandatory** that all Active members attend the General 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 1st 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: _____
Work Address: _____ City: _____
Province: _____ P.C. _____
Work Phone: _____ Cell Phone: _____

Father's Name: _____
Father's Home Address: _____ City: _____
Province: _____ P.C. _____ Home Phone: _____
Work Address: _____ City: _____
Province: _____ P.C. _____
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: _____
Full 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: _____Postal Code: _____

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 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: _____

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: _____

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: 2010 – 2011

Child's Name: _____ Date of Birth: _____

Mother's Name: _____
Mother's Home Phone: _____ Daytime Phone: _____
Cell Phone: _____

Father's Name: _____
Father's Home Phone: _____ Daytime Phone: _____
Cell Phone: _____

Emergency Contact Person: _____ Phone: _____

Allergies to Food, Medication, etc.: _____
_____
Any Medication/Health Concerns: _____
_____

**This form gives permission to take _____ to the hospital in case of an emergency.

Signature: _____ (parent/guardian)
_____ (parent/guardian)
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/Mail Pick-Up (1)
Newsletter/Bulletin Board (1)
Duty Scheduler (1 per class)
Grocery Shoppers (from 5AM or 3AM class)
Maintenance/Playground Maintenance (1)
Classroom Cleaner (3)
Toy Cleaner (2)
Website Maintenance (1)
Social Committee Chair (1)
Class Representative (1 per class)
Laundry (2)
Playdough Maker (1)
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 & Shoreline Rep
Vice President of Operations

Vice President of Marketing
Treasurer

Secretary
Fundraising Chairperson

Parent Teacher Liaison
Registrar

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: _____