



2023 / 2024 Registration Package

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We cannot accept any child until all necessary forms are completed and signed.

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Registration Package Checklist

All forms and permissions required for registration are included in this section. Forms must be filled and returned to the school. Please refer to the Registration checklist to make sure you have all required documentation on or before your child's first day of school.

Registration Checklist

Please ensure the following forms are fully completed before your child's first day of school.

- Registration Form
- Child's Health History Form
- Child's Immunization Record – 2 copies
- Picture Taken Permission
- Payment form
- General Permission Form

Co-oping Parents Checklist

Make sure you have the following forms filled out before your first day of co-oping.

- 1. Co-oping Member's Health History Form
- 2. Co-oping Member's Negative TB test
- 3. Co-oping Member's immunization proof
- 4. Co-oping Member's Criminal Reference Check – including Vulnerable Sector (complete or receipt of application form on file)
- 5. Signed Oath of confidentiality
- 6. Collection of Personal Information
- 7. Committee Selection Form

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Registration Form

LAST NAME: _____

FOR OFFICE USE ONLY

FIRST NAME: _____

Admission Date: _____

Discharge Date: _____

NICKNAME: _____

Program: Toddler Preschool JK Readiness

DATE OF BIRTH: Day _____ Month _____ Year _____

Check which days your child will attend:

- JK Readiness - Tuesdays/Thursdays 8.45 - 12pm
- Toddler/Preschool - Monday/Wednesdays 8.45- 12pm

FULL ADDRESS: Street _____

City _____ Postal Code _____

Parent/Guardian #1 Name: _____

Address: _____

Home: _____ Work: _____

Cell: _____ Other: _____

E-mail: _____

Work Address: _____

Parent/Guardian #2 Name: _____

Address: _____

Home: _____ Work: _____

Cell: _____ Other: _____

E-mail: _____

Work Address: _____

Alternative Emergency Contact

Name: _____

Address _____

Home: _____ Work: _____

Cell: _____ Other: _____

E-mail: _____

AUTHORIZED PERSON(S) TO PICK UP CHILD FROM SCHOOL (in addition to guardians & emergency contact -MUST be over 18 years old):

1. Name (relationship) _____

2. Name (relationship) _____

3. Name (relationship) _____

FAMILY INFORMATION: Profile of your child, i.e. other siblings (ages), fears, favourite activities, behavioural difficulties, speech & language, OT, or working with an Agency for Children's Services.

*Please notify the teachers of any address or telephone number changes so that your information can be kept accurate.

*I/we hereby agree to comply with the school's operational policies and procedures as outlined in the Parent Handbook.

Signature of Parent/Guardian _____

Date _____

Signature of Executive _____

Date _____

Signature of Supervisor _____

Date _____

Child Health History Form

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: Day _____ Month _____ Year _____

CHILD'S PHYSICIAN: Name: _____

Phone: _____

Full Address: _____

IMMUNIZATION RECORD (Please attach 2 copies of your child's Immunization Record)

Illnesses or hospitalizations: _____

Allergies to food, medication or materials: _____

Skin conditions: _____

Sight or hearing difficulties: _____

Special attention required regarding development, behaviour, diet, rest, speech, etc.: _____

Is your child under any form of treatment/medication for illness or injury? Please explain.

Does your child have any health concerns that will interfere with his/her participation in activities at Nursery School? _____

I/we hereby give permission for our child to receive emergency medical treatment in the event that I/we cannot be reached.

Signature of Parent/Guardian _____ Date _____

Picture Taken Permission

I hereby grant permission for _____ to have his/her picture taken by staff, parents or media for purpose of the Nursery School while attending Blackstock Nursery school classes or on a field trip.

Signature of Parent/Guardian _____ Date _____

Signature of Executive _____ Date _____

Signature of Supervisor _____ Date _____

General Permission Form

This a general permission form, giving the teachers of the Blackstock Co-op Nursery school permission to take your child on community outings.

This would include walks through the neighbourhood, or out to the fairgrounds behind the community centre. Each time the teachers decide to do so, you the parent will be notified at drop off time.

For any Field trip requiring transportation by car or bus, there will be an additional permission slip sent home.

I _____ give my permission for the teachers of the Blackstock Co-operative Nursery School to take my child _____ on outings throughout the neighbourhood.

Signature/Date

Emergency Contact Card

Please fill out the required information below (print clearly). Do not write outside the lines. This card will be used in the emergency contact index box located in the classroom.

Last Name: _____ First Name: _____

Birth date: Day _____ Month _____ Year _____

Address: Street _____

City _____ Postal Code _____

Parent/Guardian #1 Name: _____

Home: _____ Work: _____ Cell: _____

Work Address: _____

Parent/Guardian #2 Name: _____

Home: _____ Work: _____ Cell: _____

Work Address: _____

Alternative Emergency Contact

Name & Relationship _____

Home: _____ Work: _____

Cell: _____ Other: _____

Child's Physician: Name: _____ Phone: _____

Address: _____

(in full)

Allergies or Medical Alert

Person(s) Authorized to Pick up Child

1. Name (relationship) _____

2. Name (relationship) _____

3. Name (relationship) _____

Payment Form

CHILD'S LAST NAME: _____ FIRST NAME: _____

EMAIL ADDRESS: _____

PARENT'S NAME _____

Item	Amount	Due Date
Annual Membership Fee \$50 per family – 2x payments of \$25		September 11th 2023 January 8 th 2024
Monthly Fees		
September 2023		September 11 th 2023
October 2023		October 1 st , 2023
November 2023		November 1 st , 2023
December 2023 (HALF PRICE)		December 1 st , 2023
January 2024		January 8 th , 2024
February 2024		February 1 st , 2024
March 2024		March 1 st , 2024
April 2024		April 1 st , 2024
May 2024		May 1 st , 2024
June 2024		June 1 st , 2024

E-transfer to be sent to info@blackstocknurseryschool.ca

To calculate your Monthly Fee, use the following chart:

Participation Frequency	Parents co-op and join one committee	Non-co-oping fee
1 class per week	\$ 90	\$150
2 classes per week	\$ 180	\$300

Committee Selection Form

CHILD'S LAST NAME: _____ FIRST NAME: _____

Committee Sign-up Form

PARENT'S LAST NAME: _____ FIRST NAME: _____

Committees Available

- Fall Fundraiser
- Breakfast with Santa
- Spring Fundraiser
- Graduation

1 st Choice	
2 nd Choice	
3 rd Choice	

Board of Directors

If there is a vacant position, are you interested in taking on an Executive position on the Board of Directors (President, Vice-President, Treasurer, Secretary, Breakfast with Santa Chair, Media Chair)	YES	NO
If there is a vacant position, are you interested taking on a smaller position (Scholastic Orders, Vesey, Orders etc.)	YES	NO

Please note: all families with children enrolled in the nursery school will be asked to help with the pancake breakfast and other fundraisers.

MEDICAL DECLARATION OF HEALTH: FOR CO-OPING MEMBERS

This form must be completed by all members or caregivers who will be doing volunteer days. If more than one person per family will be volunteering, a separate form must be completed for each person. Because we are regulated by the Child Care and Early Years Act, T.B. tests are required **every 5 years** and Booster shots (Diphtheria and Tetanus) are mandatory if the volunteer has not been inoculated **within the last 10 years**. Both the T.B. test and Booster can be done through your family physician. For more info: <https://www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/TuberculinSkinTest.pdf>

Participating Parent/Caregiver: _____

Please complete the following information:

1. Date of last Physical Examination: _____ D/M/YEAR

2. A 2-step Tuberculin Skin Test

If last T.B. test was negative, record date of reading _____ D/M/YEAR

If T.B. test was positive, record date of chest x-ray. _____ D/M/YEAR

3. Date of last Diphtheria and Tetanus booster. _____ D/M/YEAR

4. List any allergies: _____

5. Family Doctor: _____

Address: _____

Phone number: _____

I, _____, declare that I am free of communicable diseases, and am mentally and physically able to work as a Volunteer for Blackstock Cooperative Nursery School.

Member Signature: _____

Date: _____

 Co-oping Member's Criminal Reference Check

Valid Criminal Reference Check Dated: Day _____ Month _____ Year _____

Verified By:

Executive Member

Name _____ Signature _____ Date: _____

Supervisor

Name _____ Signature _____ Date: _____

 Oath Of Confidentiality

Private

Rationale: This form is designed to inform employee/ Co-op parent/ volunteer/ Board of Directors of their responsibilities to protect any confidential information discussed with them during their period of involvement with the school. The form should be read and signed by the employee/Co-op parent/volunteer/Board of Directors and then witnessed by either the supervisor or school president. This form should be kept in the employee/Family/volunteer/Board of Directors file at all times.

I, _____, have been made aware of the confidential nature of information concerning children and their families, and the confidentiality of such information will be respected.

I will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal or other such abuse.

I also understand that member information which shall come to my knowledge will be considered confidential and shall not be released to any other agency without signed authorization by the parent(s).

Signature of Co-oping Member _____ Date _____

Signature of Executive _____ Date _____

Signature of Supervisor _____ Date _____