



Please make note of the mandatory Spring General Meeting on **Tuesday June 5th, 2018 at 7:00pm**. If we have not received all the required paperwork and cheques by this date, your child's spot will not be held and will become available to another family.

Solid Foundations for Lifelong Learning

171 Sherwood Avenue
Kitchener, ON N2B 1K2
519-742-1801
www.sprp.ca
membership@sprp.ca

Welcome to Stanley Park Rosemount Preschool Inc. (SPRP)! We provide a unique opportunity for children and families to learn and grow together in a co-operative environment. SPRP is a great place to be and we are happy to have you join us!

We are offering the following programs for the September 2018 to May 2019 school year.

Morning Programs

Preschool program for 2 ½-5 year old's (*must be 2.5 years old by Aug 30 2018*)

2 or 4 half days per week from 9:00 - 11:30 am

Tues & Thurs **OR** Wed & Fri **OR** Tues to Fri

Maximum class size of 16 children

4 classroom participating and 12 non-classroom participating spots available per class

Classroom participating families can expect to fulfill one duty day every two weeks

Afternoon Program

Preschool program for 3-5 year old's (*must be 3 years old by Aug 30 2018*)

2 half days per week

Tues & Thurs from 12:30 - 3:00 pm

Maximum class size of 5 children

Only non-classroom participating spots available

some exceptions may apply

Where to drop off your completed Registration Package

Once you have completed this registration package and have all the necessary forms and cheques, please seal in an envelope clearly addressed to "SPRP" and drop it off in the mailbox slot located at the front entrance to the church.

Remember to follow us on Facebook and Twitter to stay informed about what is happening at the school. We look forward to a wonderful year together!

Registration Package for Non-Participating Families Checklist

Please review this checklist BEFORE you hand in your package.

Registration Form

This information is held confidentially and retained for three years following the school year. Please complete carefully AND in full. Contact information is especially important in the event that we need to reach you in an emergency.

Membership Agreement

As a co-operative preschool, each family needs to understand their roles and responsibilities as a member of the school so that the school can function effectively. You are required to sign this form to indicate your acceptance of this role and its rights and obligations.

Committee/Board of Director Sign-Up Sheet

Committee participation allows SPRP to supplement its program with special events and other extras. The form describes the various committee and Board of Director positions that are available. Please indicate your preferred choices and return the form with your package.

Payment Schedule for Fees and Tuition

This outlines all the required school payments and dates for your post-dated cheques. Complete this form, attach to your cheques and return with your package.

Immunization Information Form (Form A) for your child

*We are required by the Public Health unit to ensure that all children registered at the school have met the required schedule of immunizations. Form A must be completed and signed and **two** copies of your child's yellow immunization card must be attached (one will be sent to the Region & one kept for the preschool). Contact the Membership Secretary if you require exemption forms for reasons of conscience or medical necessity.*

Acknowledgement of Support Services

Each family must acknowledge the availability of support services provided by Waterloo Region's Special Needs Resourcing Collaborative by completing this form.

Registration Form

Please complete in FULL. All information on this page is mandatory.

Child's Name: _____ Gender: M F Date of Birth: _____
LAST FIRST (YYYY/MM/DD)

Address & City where child resides: _____ Postal Code: _____

| Parent/Guardian 1 Information | |
|-------------------------------|--|
| Name (Last & First) | |
| Address | |
| City & Postal Code | |
| Home Phone | |
| Cell Phone | |
| Employer | |
| Work Address | |
| Work City & PC | |
| Work Phone | |

| Parent/Guardian 2 Information | |
|-------------------------------|--|
| Name (Last & First) | |
| Address | |
| City & Postal Code | |
| Home Phone | |
| Cell Phone | |
| Employer | |
| Work Address | |
| Work City & PC | |
| Work Phone | |

Do both parents reside with child? YES NO May the child be released to both parents? YES NO
Are there any custody arrangements or concerns that you wish to share? _____
Email address (for preschool-related correspondence): _____

Name of Emergency Contact (if parents cannot be reached): _____ Relationship: _____
Address & City of Contact: _____ Postal Code: _____
Phone #: _____ Cell Phone #: _____ Can the child be released to this person? YES NO

Please list additional names of the people the child may be released to (with phone numbers): _____

Does the Child have food allergies? YES NO If child has allergies or food sensitivities, please describe: _____

Is there additional medical/special care information you would like to share?

Child's History of Communicable Diseases or Conditions Requiring Medical Attention: _____

| | |
|---|--------------------------------------|
| Office Use Only Date of Admission: SEPT 2018* | Date of Withdrawal: MAY 2019* |
|---|--------------------------------------|

*Changes will be noted.

Does the child have any siblings? If yes, please indicate names and ages: _____

What language is spoken at home? _____

Can your child care for their own toilet needs? YES NO or Is toilet training in progress? YES NO

Has your child experienced a similar group setting with other children? If so, where? _____

What do you hope your child will gain from the preschool experience? _____

Any concerns regarding your child's emotional or social development of which you feel the teacher should be aware? _____

Are there any questions or concerns you have regarding your role in the school? _____

Comments? _____

How did you hear about Stanley Park Rosemount Preschool? _____

I declare that the information listed above is current and up-to-date as of the time of registration. I understand that it is my responsibility to keep the school advised of any change in information as soon as possible.

Name of Parent who filled out form (please print)

Signature &

Date

Membership Agreement

I/we understand that **Stanley Park Rosemount Preschool Inc.** is an organization whose successful operation depends on the participation and sharing of responsibilities by all members. I/we agree:

- To submit registration documents by the due date;
- To attend both mandatory Spring and Fall General meetings (SGM and FGM) or send a designate if I/we are unable to attend;
- To ensure my/our child's medical records are in accordance with the guidelines set out by the Public Health Unit;
- To become familiar with school policies and the content of the Parent Handbook;
- To submit the Registration fee, the Fundraising fee and a cheque for September and October fees, which are non-refundable, and to submit post-dated cheques for the rest of the year by the SGM date, or if registering after the SGM, to submit all cheques by the due date;
- That my/our child is toilet trained, or in the process of toilet training. There is not a diapering change station at SPRP and in the case of a toileting accident, I/we will be notified and will return to the school for clean-up if needed;
- To FULLY participate on one committee, or on the Board of Directors, unless the Opt-out fee has been submitted.

I/we hereby give consent for the following:

- For our child to be taken on supervised neighbourhood/community walks;
- If at any time an accident or sudden illness occurs and medical treatment is necessary, this may be given. That any expense incurred for such treatment is my/our responsibility;
- To print my/our name, phone number and email address on the membership class list. This information will be used only for the purposes of contacting my family regarding school business.

I/we hereby release **Stanley Park Rosemount Preschool Inc.**, its employees and agents, members and classroom participating parents from any legal actions arising from an accident, contraction of illness or loss of personal property.

I/we will not hold any person(s) in attendance at **Stanley Park Rosemount Preschool Inc.** responsible in case of accident, contraction of illness or loss of property.

YES NO I/we give permission for SPRP to keep my/our email address on file to be contacted about future upcoming events/playdates.

YES NO I/we hereby give **Stanley Park Rosemount Preschool Inc.** permission to take and use images of my/our child for use within the school. Mark here to give photo/video permission.

YES NO Mark here to give permission to use photos on social media sites and SPRP website.

I/we accept to fulfill my/our duties as a parent/legal guardian of child attending **Stanley Park Rosemount Preschool Inc.**, and give my/our consent to the items listed above.

Child's Name: _____

Parent/Legal Guardian's Name (please print) _____ Signature & _____ Date _____

Parent/Legal Guardian's Name (please print) _____ Signature & _____ Date _____

Committee and Board of Director Positions

Committee work is an integral part of a parent co-operative preschool. Each classroom-participating and non-classroom participating family is required to serve on one committee or on the Board of Directors. Families can expect to spend **2.5 to 3 hours per month** dedicated to their committee role.

The Board of Directors meets monthly to direct school business in accordance with the by-laws of the preschool. Should more than one person show an interest in the same position, an election will be held at the Spring General Meeting, directed by the Nominating Committee. The Board of Director members will be confirmed at the Spring General Meeting. All Board of Director members are required to submit a current original Police Records Check with Vulnerable Sector Check.

Below you will find a list of Board of Director positions, as well as the standard committees. The Committee positions are subject to change as deemed necessary in order to meet the needs of the specific school year. For a more detailed description of these positions, refer to the Parent Handbook. Every attempt will be made to place you in the position of your choice, however, we ask for your cooperation if an alternate committee is assigned to you.

Stanley Park Rosemount Preschool Inc. offers FOUR "opt-out" spots, on a first come, first served basis. The families who choose to pay the "opt-out" fee of \$300.00 will not be required to participate in any committee work or on the Board of Directors. Please make your committee or Board of Director selections here in the event that all 'opt-out' spots are filled.

Please indicate your 1st, 2nd and 3rd choice for your participation in school work.

| Board of Director Positions | |
|--|--|
| President – works with the Board of Directors to oversee teacher and administration of the school; chairs Board and General meetings; attends to any personal / confidential or other issues if they arise. | |
| Vice-President – assists the President as required; responsible for all paperwork for preschool (licensing, insurance) and for review/revision of school policies and Parent Handbook, assigns and schedules members to school positions and duty day, supervises Clean-up Committee, purchases school housekeeping supplies as required. | |
| Treasurer – prepares, administers and monitors the annual budget; manages all financial aspects of the preschool including payroll and financial statements; general book-keeping knowledge and computer literacy is required. | |
| Recording Secretary – records and circulates minutes of Board and General meetings; maintains school files; books rooms for preschool meetings. | |
| Communications Director – responsible for creation and distribution of the monthly newsletter; updates the brochure annually and manages the website; manages advertising for the preschool. | |
| Membership Secretary – responsible for admission procedures, registration and open house; maintains membership lists, waiting lists and membership package; responds to numerous inquiries. | |
| Fundraising Director – responsible for developing plans and schedule, coordinating fundraising activities and managing preschool fundraising records, collaborates with Special Events committee. | |

| Committees | |
|---|--|
| Special Events Committee – helps with planning and organizing of preschool field trips, holiday parties and special events; decorates school and makes/buys gifts/crafts for events as needed; may require the occasional meeting outside of class time. | |
| Administrative Assistant – provides assistance to the preschool teacher and Board of Directors as needed, may include administration of paperwork, classroom preparation and bank deposits. *must have some daytime flexibility* | |
| Clean-up Committee – participate in monthly clean-up of the preschool; evening commitment of 3 hours per month. | |
| School Maintenance and Repairs – performs general repairs and upkeep of items in the preschool and the outdoor play area; a general skill set in this area is required | |
| | |
| | |

Payment Schedule for Fees and Tuition

Please return this form with your cheques attached.

| 2018-2019 Monthly Tuition Installments | |
|---|----------|
| Non-Classroom Participating | |
| Morning 2 day program (2 ½-5 years old) | \$205.00 |
| Morning 4 day program (2 ½-5 years old) | \$410.00 |
| Afternoon 2 day program (3-5 years old) | \$205.00 |

Opt-out spots: Stanley Park Rosemount Preschool Inc. offers FOUR “opt-out” spots, on a first come, first served basis. The families who choose to pay the “opt-out” fee of \$300.00 will not be required to participate in any committee work or on the Board of Directors. If you would like an “opt-out” spot, please indicate that below. You will be notified, as soon as possible, if there is no opt-out spot available.

Are you choosing to Opt-Out of Committee or Board of Directors Work? YES NO

| | |
|---|--|
| Child's First and Last Name: | |
| Parent/Legal Guardian's First and Last Name: | |
| Which class are you registering for? | |
| <input type="checkbox"/> T/Th AM (2 ½ - 5 year olds) <input type="checkbox"/> W/F AM (2 ½ - 5 year olds) <input type="checkbox"/> T/W/Th/F AM (2 ½ - 5 year olds) | |
| <input type="checkbox"/> T/Th PM (3-5 year olds) | |
| Monthly Tuition Installment: \$ | |

| Fee | Cheque Number | Received (Board Member initial) |
|--|---------------|---------------------------------|
| Registration Fee (non-refundable) - \$35.00 due immediately | | |
| September/October Fee (both due together, non-refundable, dated: June 1 st)* | | |
| Opt-out Fee (if applicable) - \$300.00 (dated: September 1 st) | | |
| November Fee (dated: November 1 st) | | |
| December Fee (dated: December 1 st) | | |
| January Fee (dated: January 1 st) | | |
| February Fee (dated: February 1 st) | | |
| March Fee (dated: March 1 st) | | |
| April Fee (dated: April 1 st) | | |
| May Fee (dated: May 1 st) | | |

*If you are registering after June 1st but before September 1st, please post-date your cheque September 1st.

Verified by: _____ Date: _____

NOTES:

- To complete your registration and hold your child's spot, cheques for all fees are required by the Spring General Meeting date.
- A \$5.00 per child tuition reduction is given to families with multiple children in the preschool.
- A service charge will apply for any returned cheque.
- Tax receipts will be issued in February and June.
- Receipts for fees paid in cash will be issued upon request.



Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES

REGION OF WATERLOO PUBLIC HEALTH

Immunization Information Form for **new registrants** attending a child care centre in Waterloo Region

**FORM
A**

The Child Care and Early Years Act requires all infants and children attending a child care centre be fully immunized as recommended by the Medical Officer of Health. In Waterloo Region this includes: **Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus influenzae type B, Varicella (chickenpox), meningococcal disease and pneumococcal disease.**

Please complete this form and attach the appropriate immunization record to provide your child care centre and Region of Waterloo Public Health with this required information.

| | |
|--|--|
| Child's Last Name: | Child's First Name: |
| Date of birth: (year/month/day) | Gender: M F Other: |
| Name of Parent/Guardian A : Mother Father Guardian | Name of Parent/Guardian B : Mother Father Guardian |
| Child's Primary Address: Postal Code: | City: Home Phone: |
| Child Care Centre: | |
| School currently attending (if applicable): | |
| Please print the name of country where the immunization records are from: | |

Immunization History

Please attach two (2) photocopies of your child's immunization record including all immunizations given since birth. One will be kept on file at the child care centre while the other will be sent to Public Health. Please ensure the dates of immunization are included. If your child was not born in Canada please attach a photocopy of their medical immunization history from their country of origin.

The chart on the reverse side of this page shows the full publicly funded routine immunization schedule for children (up to four to six years) in Ontario. Please review the chart to make sure your child is up-to-date according to the schedule. If you require assistance with reading the chart or your immunization record please speak with your health care provider or contact Region of Waterloo Public Health at 519-575-4400.

For information about Public Health's privacy practices please visit
<http://chd.region.waterloo.on.ca/en/personalhealthprivacy.asp?mid=23925> or call 519-575-4400 ext. 5861.

Parent/Guardian Signature:

Date:

Acknowledgement of Support Services

The Waterloo Region's Special Needs Resourcing Collaborative (*) supports licensed child care programs to identify and meet the diverse needs of all children and their families. All children, regardless of their abilities, are supported to safely participate in quality inclusive services.

As a licensed Early Learning and Child Care in Waterloo Region, our program is fortunate to be supported by Resource Consultants and Therapists from the Special Needs Resourcing Collaborative. The Resource Consultants and Therapists visit and observe our classrooms regularly and provide resources, training and support to our staff. Consultation is provided to support all children in the group on topics related to children's development, developmental and/or behavioural strategies, classroom management, classroom environment and general program strategies.

This support is provided for general classroom consultation only and is not specific to your child. However, if you have a specific question about your child's development or behaviour, you are welcome to contact the Resource Consultant/Therapist directly. If your child requires any individual consultation, or further assessment of any kind, a referral to Special Needs Resourcing can be completed with your consent, in collaboration with your Early Childhood Educator.

As members of our team, our Resource Consultant and Therapists have reviewed and signed all of our centre's confidentiality and behaviour guidance policies. Should you have any further questions regarding the role of the Resource Consultant or Therapist, our Supervisor/Director, Resource Consultant or Therapist would be happy to review this with you.

I acknowledge that the support services provided by the Waterloo Region's Special Needs Resourcing Collaborative have been reviewed with me, and I understand that this will be a valuable part of my child's experience in licensed child care.

Child's Name

Parent Guardian Name (Printed)

Parent/Guardian Signature

ELCC Representative

Date

(*) The following three agencies, along with the Region of Waterloo Children's Services Division, form the Waterloo Region's Special Needs Resourcing Collaborative and include:

- **Family and Children's Services** - Preschool Support Program
- **KidsAbility** - SPOT (Speech-Language, Physiotherapy, Occupational Therapy and Kinesiology)
- **K-W Habilitation** - Early Learning, Child Care and Family Resources