



## Registration Package 2017/2018

Welcome to the Newmarket Co-operative Nursery School. To assist you with the registration of your child, please see the requirements below that must be completed and submitted before your child starts.

1. Completed registration forms (please ensure all forms are completely filled out including addresses and postal codes).
2. A non-refundable registration fee of \$60.00 for new families and \$40.00 for returning families.
3. Member participation deposit cheque for \$100 post-dated for June 2018. (This cheque is not cashed but held as a deposit to ensure that each member fulfills their responsibility of participation during the school year in at least one event or volunteer duty per child).
4. Nursery (1/2 day programs)
  - a. A cheque for 1<sup>st</sup> and last month fees dated September 1, 2017, and
  - b. Post-dated cheques dated for the first of each month until May 1, 2018.
5. Full Day programs
  - a. A cheque for September fees plus a security deposit of \$100, and
  - b. Post-dated cheques dated for the first of each month until June 1, 2018.

If you have any questions, please email Tracy at [tracyj@rogers.com](mailto:tracyj@rogers.com)

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

Date: \_\_\_\_\_

## Registration Forms

For school use only:

Start Date: \_\_\_\_\_ Program: \_\_\_\_\_ Teacher: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Return Member: \_\_\_\_\_ New Member: \_\_\_\_\_

### CHILD INFORMATION

Child's Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_

### MOTHER/GUARDIAN INFORMATION

Name \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Business Name \_\_\_\_\_ Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Extension \_\_\_\_\_

### FATHER/GUARDIAN INFORMATION

Name \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Business Name \_\_\_\_\_ Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Extension \_\_\_\_\_

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

Date: \_\_\_\_\_

### **Emergency Medical Treatment Permission / Emergency Contacts**

In case of medical emergency, I hereby give permission to a staff member of the Newmarket Co-operative Nursery School Inc. to obtain medical aid. It is understood that every effort will be made to reach the parent or emergency contact as soon as possible.

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

In case of emergency, please complete the following should we not be able to reach you first.

#### **EMERGENCY CONTACT #1**

Name: \_\_\_\_\_

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

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

Relationship to Child: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

#### **EMERGENCY CONTACT #2**

Name: \_\_\_\_\_

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

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

Relationship to Child: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

#### **EMERGENCY CONTACT #3**

Name: \_\_\_\_\_

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

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

Relationship to Child: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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

Date: \_\_\_\_\_

### Medical Information

#### DOCTOR/MEDICAL INFORMATION

Doctors Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

Child's Health Card Number \_\_\_\_\_

#### ALLERGIES

If your child has any allergies, please indicate below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### OTHER MEDICAL INFORMATION

Does your child have a condition or behaviour that would require special attention, medication or a special diet?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### General Information

Please list the names and ages of other children in the family

\_\_\_\_\_

Does your child have any particular fears?

\_\_\_\_\_

Has your child attended daycare/nursery school before?

\_\_\_\_\_

What is your child's reaction towards daycare/nursery school?

\_\_\_\_\_

Please specify if there is any service or talent that you would like to contribute to the school.

\_\_\_\_\_

How did you hear about Newmarket Co-operative School?

\_\_\_\_\_

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

Date: \_\_\_\_\_

### Permission Signatures

#### TRIP PERMISSION

I hereby give permission for my child \_\_\_\_\_ to go on any trips under the supervision of an adult. Advance notice and all additional information will be given before each trip.

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

I hereby give permission for my child \_\_\_\_\_ to go on neighbourhood walks under the supervision of the staff. This includes walking to the library as well as to the gymnasium at the Trinity United Church.

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

#### RELEASE FORM

I hereby give permission for my child \_\_\_\_\_ to be released into the care of the people listed below. Please be aware that the staff may ask for identification the first time a person listed below picks up your child.

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

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

#### FREEDOM OF INFORMATION

I \_\_\_\_\_ give permission to the Newmarket Co-operative Nursery School Inc. to publish the name and/or photograph of my child \_\_\_\_\_ for publicity purposes and for the private use of the Nursery School (such as photos in the classroom, yearbook, slideshow).

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