

Registration Checklist for New Families 2011-2012

FEES

- \$50.00 Administration Fee
- June 2012 tuition – NON-REFUNDABLE. This cheque must be handed in with registration forms and is required to hold your spot. It should be dated June 1, 2011 for those registering prior to June 1; otherwise dated when registration forms are handed in. In the event that you withdraw earlier than June 2012, this payment will cover your last month's tuition (with 30 days notice, not including July and August).
- Post-dated cheques for all other months (due June 1, 2011). Amounts will depend on number of days/week and whether toddler or preschooler (keeping in mind your fees may change mid-year when your child "graduates" to preschooler at age 2 ½).

Program	Months	# Days / week
☺ Toddler	_____ to _____	
☺ Preschool	_____ to _____	
☺ Preschool Extended	_____ to _____	

DOVER GARDENS FORMS

- Registration form
- Information About Your Child
- Permission Form
- Talent and Resource Form
- Emergency Medicine Consent Form (if the administration of medicine may be required)
- Membership Agreement
- Policy Agreement

EXTERNAL FORMS

- Immunization Information
- Police Check
- TB Test and Vaccination for volunteering member

Registration Checklist for Returning Families 2011-2012

Name of Child: _____

FEES

- June 2012 tuition – **NON-REFUNDABLE**. This cheque must be handed in with registration forms and is required to hold your spot. It should be dated May 18, 2011 for those registering prior to May 18; otherwise dated when registration forms are handed in. In the event that you withdraw earlier than June 2012, this payment will cover your last month's tuition (with 30 days notice, not including July and August).
- Post-dated cheques for all other months (due May 18, 2011). Amounts will depend on number of days/week and whether toddler or preschooler (keeping in mind your fees may change mid-year when your child "graduates" to preschooler at age 2 ½).

Program	Months	# Days / week
☺ Toddler	_____ to _____	
☺ Preschool	_____ to _____	
☺ Preschool Extended	_____ to _____	

FORMS

- Update Registration Form with any new information
- Update Information About Your Child with any new information
- Permission Form

2011 – 2012 Fees

Toddler (18 to 30 months)

9:00 – 11:45

Member Status	2 sessions per week	3 sessions per week	4 sessions per week	5 sessions per week
Participating Member	\$ 213.00 per month	\$ 265.00 per month	\$ 307.00 per month	\$ 343.00 per month
Non-participating Member	\$ 318.00 per month	\$ 370.00 per month	\$ 412.00 per month	\$ 438.00 per month

Preschool (2 1/2 to 5 years)

9:00 – 11:45

Member Status	2 sessions per week	3 sessions per week	4 sessions per week	5 sessions per week
Participating Member	\$ 161.00 per month	\$ 234.00 per month	\$ 275.00 per month	\$ 312.00 per month
Non-participating Member	\$ 266.00 per month	\$ 349.00 per month	\$ 380.00 per month	\$ 407.00 per month

Preschool Extended (2 1/2 to 5 years)

9:00 – 12:30

Member Status	2 sessions per week	3 sessions per week	4 sessions per week	5 sessions per week
Participating Member	\$ 201.00 per month	\$ 294.00 per month	\$ 355.00 per month	\$ 412.00 per month
Non-participating Member	\$ 306.00 per month	\$ 409.00 per month	\$ 460.00 per month	\$ 507.00 per month

Dover Gardens Cooperative Nursery School

228 Bartlett Avenue, Toronto, Ontario M6H 3G4 (416) 533-7337

Registration Form

Please fill one Enrollment Form for each child. Ensure that this form is filled out in full. Use 'n/a' for information that is not applicable to your situation.

1. Child

_____ First Name	_____ Middle Name	_____ Last Name
_____ Name used	_____ Gender	_____ Birth date

2. Names of Parents or Guardian

Parent 1

_____ Name		
_____ Home Address	_____ Postal Code	_____ Telephone (home)
_____ Business Address	_____ Postal Code	_____ Telephone (work)
_____ Email Address		_____ Telephone (cell)

Parent 2

_____ Name		
_____ Home Address	_____ Postal Code	_____ Telephone (home)
_____ Business Address	_____ Postal Code	_____ Telephone (work)
_____ Email Address		_____ Telephone (cell)

Guardian

_____ Name		
_____ Home Address	_____ Postal Code	_____ Telephone (home)
_____ Business Address	_____ Postal Code	_____ Telephone (work)
_____ Email Address		_____ Telephone (cell)

3. Emergency Contact (other than parents)

_____ Name	_____ Telephone
_____ Home Address	_____ Postal Code

Please fill in this form and submit it to the supervisor upon registration.

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Registration Form, *continued*....

Ensure that this form is filled out in full. Use 'n/a' for information that is not applicable to your situation.

3. Child's Physician

Name

Telephone

Address

Postal Code

OHIP Number (OPTIONAL)

Subscriber Initial

4. Name of usual parent or substitute serving on duty days:

5. Name of usual person picking up child and names of persons to whom the child can be released:

I have read the policies, rules, and regulations of Dover Gardens Nursery School and agree to abide by them.

Signature of Parent

Date

Signature of Nursery School
Supervisor

Date

For Office Use
Date of admission of child
Date of discharge of child:

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Information About Your Child

1. Child's name: _____
2. Does your child have any allergies? If yes, please give details of what she/he is allergic to.

3. Does your child have medication that might need to be administered in an emergency situation (such as an inhaler or epi-pen)? Yes No **If yes, please fill out the Emergency Medication Consent Form**
4. Are there any foods that you do not wish your child to have? If so, please list:

5. List the names and ages of all children in the family:

6. Are there any babies expected this year? _____ When? _____
7. List any other members of your household besides the parents and children:

8. Is English understood and spoken at home? _____
9. What other languages are spoken at home? _____
10. Has your child attended any other programs for children? (*For example: City of Toronto, library, YW/YMCA*) Please list them:

11. What activities does your child enjoy...
on her or his own? _____
with other children? _____
12. How would you describe your child's personality? (*For example: shy, aggressive, withdrawn, outgoing?*)

13. What are some of the outings that you provide for your child?

14. Does your child have any special needs? _____
Please explain: _____

15. Is your child toilet trained? _____
(It is recognized that accidents might happen.)

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Permission Form

I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.

I hereby grant permission for my child to be included in evaluations and pictures connected to the school.

I hereby grant permission for the Supervisor or acting Supervisor to grant any necessary first aid or emergency medical treatment to my child. I understand that every attempt will be made to contact both parents and other emergency numbers given previously. The school will continue to try to get in touch with me after emergency treatment has begun.

**IF YOU DO NOT GRANT PERMISSION TO ANY OF THE ABOVE PLEASE
PLACE AN "X" THROUGH THE ENTIRE STATEMENT.**

Signature of Parent 1

Date

Signature of Parent 2

Date

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Talent and Resource Form

Please check as many of these items as applicable:

I would be willing and able to...

- exchange babysitting on duty days
- advise in some professional capacity (accountant, lawyer)
- phone parents regarding upcoming events, meetings
- do artwork for the school (displays, illustrations, posters, etc.)
- take pictures or video clips
- play a musical instrument:
 - sing
 - dance
 - drama
 - puppetry
- word processing
- sewing, mending
- laundering
- carpentry
- repairs
- obtain discounts on needed items (toys, paper, paint, etc.)
- have a pet suitable for a school visit
- help suggest and plan school trips
- Website

Other hobbies and Interests:

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Emergency Medicine Consent Form

Medication Policy: Administration of Emergency Medication for Allergies and Asthma

Dover gardens Co-operative Nursery will not be responsible for administering medication unless it is the administration of emergency medication for allergies and asthma.

Only the Supervisor of the Dover Gardens Nursery School will administer emergency medication to a child for allergies and asthma upon receipt of a signed consent form from the parent and a medical prescription from the child's physician.

The medication will be kept in a locked box in the nursery or on the supervisor's person at all times secure and inaccessible to the children.

The indication for giving the medication and the procedure for administration will be clearly laid out on this consent form and signed by the parent.

Consent Form:

Child's Name:
Emergency Medical Conditions:
Medication:
Indications for Medication:
Procedure:

There is a prescription signed by my child's physician for the above medication attached to this consent form.

I have read and understood the Medication Policy for the Administration of Emergency Medication for Allergies and Asthma above.

I hereby give my permission for the supervisor of Dover Gardens Nursery School to administer the above medication to my child should an emergency arise.

Parent signature

Date

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Weekly Medication Record

Child's name:
Address:
Physician Name:
Name of Medication:
Date medication was prescribed:
Times given by parent:
Time(s) given at school:
Amount to be given at school:

I hereby give permission to an appointed staff member of Dover Gardens Co-operative Nursery School to administer medication to my child as outlined above.

Parent signature:

Date

**Nursery School Supervisor's
signature:**

Date

Physician's Signature:

Date

Dispensing Record

Date	Time given	Amount given	Administered by (signature)

Note: This record is to be kept in the child's folder following the discontinuation of medication.

Please fill in this form and submit it to the supervisor upon registration.

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Membership Agreement

Since Dover Gardens operates as a co-operative, its members administer the nursery school – success is in our hands. If we all do our share, the work will be minimal and will contribute greatly to the experience of our children!

Every family with a child attending the school agrees to:

- Abide by all policies, procedures and by-laws of Dover Gardens.
- Assist in yearly fundraising events.
- Pay all fees in full and on time.

In addition, participating co-op member families agree to fulfill the following obligations:

- Fulfill obligations of Executive Board position or of assigned Family Task.
- Fulfill assigned duty days according to the roster.
- Attend each of the semi-annual general meetings.
- Attend the monthly executive meetings, if an Executive Board member.

The success of the school depends upon all families doing their share!

Select one:

- Participating Member
- Non-Participating Member

Name:

Address:

Phone:

Signature of Applicant

Date

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Policy Agreement

I have read and understand the following Policies and Procedures of Dover Gardens Nursery School. I agree to abide by all Policies and Procedures set forth in the Dover Gardens Parent Handbook and its Appendices.

Please mark your initials beside each Policy title to indicate you have it and then fully sign the agreement below.

- € Bias-Free Policy
- € Criminal Reference Check Policy
- € Playground Safety Policy
- € Behaviour Management Policy
- € Child Abuse Policy and Procedures
- € Health and Safety Policy (including Anaphylaxis)
- € Serious Occurrence Policy
- € Enhanced Serious Occurrence Reporting Procedures
- € Missing Child Procedure
- € Emergency Evacuation Procedures
- € Dress Code Policy
- € Conflict Resolution Policy
- € Celebration of the Parental Role

Signed:

 Teacher/Nursery Supervisor

Assistant

Parent/Volunteer

Date

**Immunization of Children in City of Toronto Nurseries
Statement of Conscience or Religious Belief**

AFFIDAVIT

I,, parent or guardian of the following named child:

Child's Last Name: First Name:

Address:

.....

Date of Birth:
 Year Month Day

Day Nursery:

MAKE OATH AND SAY AS FOLLOWS:

The requirements of the local Medical Officer of Health under the *Day Nurseries Act, 1980*, conflict with my sincerely held convictions based on my religion or conscience. I understand that Section 22 4(c) of the *Health Protection and Promotion Act, 1983*, provides that the Medical Officer of Health may order that the above-named child be excluded from day nursery if there is an outbreak or immediate risk of an outbreak of vaccine-preventable disease in the day nursery that the child attends where the following have not been received:

1. A statement of immunization or other satisfactory evidence of immunization.
2. A statement of medical exemption stating that immunization is unnecessary because of evidence of immunity.

SWORN BEFORE ME AT

..... (city, town, municipality)

of

in the PROVINCE OF ONTARIO,

this day of, 19

Signature of parent or guardian

.....
(A Commissioner for Oaths)

NOTE: All lawyers are Commissioners for Oaths. Other Commissioners for Oaths can be contacted through a Justice of the Peace at Old City Hall, or by calling a Notary Public, listed in the Yellow Pages.





Immunization and Tuberculin Screening Information for all persons working in Day Nurseries

Public Health

Dear Day Nursery Worker:

The Day Nurseries Act (Section 62(1)) states:

"Every operator of a day nursery shall ensure, that, prior to commencing employment, each person employed in each day nursery operated by the operator has a health assessment and immunization as recommended by the local medical officer of health, except where the person objects in writing to such immunization on religious grounds or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the person should not be immunized."

The City of Toronto Department of Public Health requires that all employees, Early Childhood Education students, and volunteers have:

- Tuberculin skin test. If the test is positive, a chest x-ray must be obtained.
- Up-to-date immunization against:

Diphtheria	Polio	Mumps
Tetanus	Measles	Rubella

Please complete the other side of this form and return it to the day nursery supervisor before commencing employment.

David J. McKeown, MDCM, MHSc, FRCPC, FACPM
Acting Medical Officer of Health

To be completed by Physician

Name of Worker: Date of Birth:
(year / month / day)

Name of Day Nursery:

TUBERCULOSIS SCREENING INFORMATION

	DATE OF TEST	RESULT
Tuberculin Skin Test (Mantoux)		
Chest x-ray (if required)		

MOST RECENT DATES FOR REQUIRED IMMUNIZATION

VACCINE	DATE	VACCINE	DATE
Tetanus		Measles	
Diphtheria		Mumps	
Polio		Rubella	

Physician's Signature:

Physician's Address:

Physician's Telephone No. Date:

Personal information contained on this form is collected under the authority of the Day Nurseries Act and will be used to record immunization on all persons working in Day Nurseries. Questions about this collection should be directed to F.O.I. Co-ordinator, Department of Public Health at 392-7407.