



2011-2012 Registration Package

JK-SK Program

Due to the Ministry of Children and Youth Services licensing requirements, all of the following MUST be completed in full, signed by the registering parent and returned to the Registrar before your child is officially registered and may start in the program:

- Registration Form** – signature required
- Privacy Release** – signature required
- Emergency Card** – signature required (include health card number)
- Volunteering Form**
- Policy Handbook Acknowledgement and Consent Form** – signature required
- Green Ministry Health Form** – for the Regional Health Department (**include 2 copies of immunization record**)
- Non-refundable registration fee** of \$75 per child (dated today)
- Ten post-dated cheques** dated September 1, 2011 to June 1, 2012 with the amount determined according to the program selected

*** Please make cheques payable to AVCNS (or Alta Vista Co-operative Nursery School) and write your child's full name and class on each cheque.**



2011-2012 JK-SK Program

Due to the great success, Alta Vista Cooperative Nursery School will continue its P.M. Program to accommodate JK-SK after school. AVCNS has a well established history for excellence. Certified Early Childhood Educators provide theme-based developmentally appropriate learning opportunities. Child-centered activities in a classroom environment allow the child to explore and develop personal skills. Sharing and respect encourages positive confidence with peers. Carefully planned teaching monitors each child's success and fosters a joy in learning.

JK-SK Program ^(*)	Fee
Monday to Friday From 11 am to 5 pm	\$595

(*) JK-SK program does not require duty parent responsibility.

- Supervised lunch and after school times. (Parents must provide the child's lunch)
- Materials and snack are provided
- Mondays offer a Music and Arts Enrichment Program
- Program follows the regular School Board yearly calendar of Statutory holidays, Christmas break, March break, Easter and end of June
- Transportation is responsibility of the parents
- Program at this time will accommodate 10 children

The Learning Centres that vary throughout the year and encourage awareness of the world around us include:

- Language Arts
- Math & Manipulative
- Block & Building
- Housekeeping
- Sound & Water
- Reading Corner
- Painting
- Cutting & Pasting
- Puppets
- Science
- Discovery Table
- Play dough
- Music, Movement & Listening
- Computer
- Special Project
- Outdoor Play / Gym



ALTA VISTA
COOPERATIVE
NURSERY
SCHOOL

480 AVALON PLACE, OTTAWA, ONTARIO, K1G OW4. TELEPHONE: 613-733-9746
www.avcns.com

2011-2012 Registration Form JK-SK Program

Child's Information:

_____ ' _____ ' _____
Surname First Name Nickname

Male Female

Date of Birth: (Day) _____ (Month) _____ (Year) _____

Address: _____

Postal Code: _____

Home Phone: _____

Parent/Guardian information:

Name: _____

Occupation: _____

e-mail address: _____

Bus. Phone: _____

Cell Phone: _____

Parent/Guardian information:

Name: _____

Occupation: _____

e-mail address: _____

Bus. Phone: _____

Cell Phone: _____

Authorized persons who may pick up your child

Name	Relationship

How did you learn about our school? _____

Please complete all forms and return to the school, with fees, to the attention of the Registrar.

Date:	_____
Signature of Parent or Guardian:	_____

"Welcome and thank you for choosing the Alta Vista Cooperative Nursery School"



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Privacy Release

In accordance with the Ontario Freedom of Information and Protection of Privacy Act, we require your written permission prior to circulating among the parents of the school a class list or school directory, which may include your telephone number and address. Please take a moment to read and sign the consent form set out below.

I hereby give my permission for my address and telephone number(s) to be included in any class lists or telephone directory of the Alta Vista Co-operative Nursery School to be made available to parent members.

Signature of Parent or Guardian: _____

Photo Release

During the school year, photos of AVCNS children and parents will be taken. AVCNS needs your permission to use them in its promotional materials. If you agree to this, please fill the form below, as well as if you don't agree.

I Consent

I _____ give permission to the Parent Board of AVCNS to use _____ (Child's name) and Parent(s) _____ photograph(s) in promotional materials, such as its newsletter, features and news items designed for community print and broadcast media outlets, AVCNS web site, AVCNS yearbook, alumni newsletter and AVCNS Anniversary promotions.

Signature of Parent or Guardian: _____

I do not Consent

I _____ do not give permission to the Parent Board of AVCNS to use _____ (Child's name) and Parent(s) _____ photograph(s) in promotional materials, such as its newsletter, features and news items designed for community print and broadcast media outlets, AVCNS web site, AVCNS yearbook, alumni newsletter and AVCNS Anniversary promotions.

Signature of Parent or Guardian: _____



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Emergency Card

Child's Name: _____

Date of Birth: (Day) _____ (Month) _____ (Year) _____

Health Card #: _____

Address: _____

Postal Code _____

Allergies: _____

Medication Administered Regularly: _____

Special Medical Conditions/Concerns i.e. hearing, sight, attention:

Parent/Guardian: _____ **Parent/Guardian:** _____

Home Phone: _____ Home Phone: _____

Bus. Phone: _____ Bus. Phone: _____

Cell Phone: _____ Cell Phone: _____

Emergency Contact (relative, neighbour or close friend):

_____ Phone: _____

_____ Phone: _____

Doctor: _____ Phone: _____

Address: _____

Medical treatment:

In case of emergency, every effort will be made to contact parents and the family doctor. Sometimes this is not possible and immediate medical treatment is necessary.

In case my child is hurt or becomes seriously ill at school and it is not possible to reach our family doctor, or me, my child may be treated by another doctor or at the emergency room of the hospital.

Date: _____

Signature of Parent or Guardian: _____



Volunteering Form

A Cornerstone of our Co-operative Commitment

Dear Parents,

Alta Vista Co-operative Nursery School (AVCNS) is a parent co-operative organization and therefore relies on parent volunteers in a variety of ways. Time is a precious commodity to us all, but without parental support and involvement, the school cannot function effectively. Our teachers, our parent membership and most of all, our children, appreciate your commitment. You are needed to pledge your talents and time in one or more of the areas noted below. From time to time there are other additional needs that we encourage you to assist with as well. It will be an enjoyable and rewarding experience.

Thank you and welcome to our school.

Child's Name: _____ **Program:** _____

Parent/Guardian information:

Name: _____ Bus. Phone: _____
Occupation: _____ Cell Phone: _____
e-mail address: _____ Interests/Talents: _____

Parent/Guardian information:

Name: _____ Bus. Phone: _____
Occupation: _____ Cell Phone: _____
e-mail address: _____ Interests/Talents: _____

Please indicate which position(s) you can fulfill by noting your three choices in order of preference.

Board of Directors (voting positions):

President	_____	Vice President	_____
Treasurer	_____	Registrar	_____
Secretary	_____	Fundraising Chair	_____

Committees:

Fundraising	_____	Newsletter	_____
Publicity	_____	Maintenance	_____
Duty Roster	_____	Event cleanup	_____
Event setup	_____		

For job's description, refer to Policy Handbook, section 4.0



Policy Handbook
Acknowledgement and Consent Form

I have read and understood the attached Policy Handbook for the Alta Vista Co-operative Nursery School, and I consent to be bound by the policies set out therein. In particular, I have read and understood the following policies:

- ❖ 3.2: School Year and Professional Development Days
- ❖ 4.1: Duty Parent Responsibility (not applicable to Preschool PM and JK-SK programs)
- ❖ 6.0: Withdrawal Policy
- ❖ 7.0: Behaviour Management
- ❖ 8.0: Criminal Reference Checks
- ❖ 10.0: Prevention of HIV/HIB (Universal Precautions)
- ❖ 11.0: Playground Safety Policy
- ❖ 12.0: Confidentiality Policy (PIPEDA)
- ❖ 13.0: Privacy Release
- ❖ 14.0: AVCNS Code of Conduct
- ❖ 15.0: Anaphylactic & Severe Allergies Policy

and I agree to be bound by each such policy.

Signed by: _____
(signature)

(print name)

Parent of: _____

Please sign and detach this page, to be returned with your registration package. In September, an AVCNS representative will be happy to review the school's policies with you to answer any questions you may have.

Reviewed with the above parent:

AVCNS Rep: _____
(signature)

(print name)

Date: _____