



**2011-2012 Registration Package**

**Toddler, Preschool and Music and Arts Programs**

**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** (2 pages) – signature required
- Privacy Release** – signature required
- Emergency Card** – signature required (include health card number)
- Volunteering Form**
- Duty Parent Roster Form** (not applicable to PM Preschool Program)
- Policy Handbook Acknowledgement and Consent Form** – signature required
- Green Ministry Health Form** – for the Regional Health Department (**include 2 copies of immunization record**)
- Criminal Record Check Consent Form** – signature required (include 2 copies of ID with photo, birth date and signature visible) (not applicable to PM Preschool Program)
- 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 (add lunch program amount if applicable)
- Cheques for Music and Arts Program** (if applicable) dated October 17, 2011 (Fall Session), January 2, 2012 (Winter Session), March 26, 2012 (Spring Session)

**\* 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.**



**Music and Arts Program**

Children of AVCNS and the community have enjoyed an optimum learning experience in the Music and Arts program. Small group activities provide children exploration with percussion instruments, movement to music, storytelling and drama, as well as visual and creative arts. Cultural awareness is enjoyed through food experiences, celebrations, song and dance. Rhythm, beat, pitch and singing add to the children’s body and language awareness. Tiptoeing, marching, prowling, thudding and sliding tend to be more easily understood with visual sound and cues.

Artistic, historical and musical adventures vary with the seasons. Eight week sessions in the Fall, Winter and Spring add awareness of the world around us. Sound, language, art and musical theories in child development are the basic tenets of our program.

- Parents participation is not required
- Materials and snack are provided
- Age: 4+ (3+ for children enrolled at AVCNS)
- Cost: \$210.00 per session
- Pre-registration required (maximum 16 children per session)

<b>Music &amp; Arts</b>	<b>Sessions (8 per program)</b>	<b>Fee</b>
Mondays 1:00 – 3:00	Fall Oct. 17, 2011 – Dec. 5, 2011	\$210.00 No registration fee required
Mondays 1:00 – 3:00	Winter Jan. 2, 2012 – Feb 27, 2012	\$210.00 No registration fee required
Mondays 1:00 – 3:00	Spring Mar. 26, 2012 – May 28, 2012	\$210.00 No registration fee required

**Early Drop-Off/Late Pick-Up Fees**

Early drop-off and late pick-up is available by pre-authorized arrangement. The cost is \$2.50 for every 15 minutes (or part thereof). Fees will be billed at the end of each month.

**Supervised Lunch**

Supervised lunch is offered from 11:30 am to 1:00 pm, by pre-authorized arrangement. Parents must provide the child’s lunch. The amount of supervised lunch program must be added to the amount of the school program selected and paid with post-dated cheques at the time of registration.

- Daily registration: \$15/day (billed at the end of each month)
- Monthly registration: \$125 – Mon-Wed-Fri program  
\$ 85 – Tu-Th program  
\$210 – Mon thru Fri program



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SCHOOL

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### 2011-2012 Registration Form

Program	Session	Fee	✓
<b>Toddler</b>	Tues/Thurs (AM)	\$170.00	
	Mon/Wed/Fri (AM)	\$250.00	
	Mon thru Fri (AM)	\$420.00	
<b>Preschool</b>	Tues/Thurs (AM)	\$160.00	
	Mon/Wed/Fri (AM)	\$240.00	
	Mon thru Fri (AM)	\$400.00	
	Tues/Wed/Thurs (PM) (*)	\$240.00	
<b>Music &amp; Arts</b>	Fall	\$210.00	
	Winter	\$210.00	
	Spring	\$210.00	
<b>Lunch program</b>	Mon/Wed/Fri	\$125.00	
<i>monthly registration</i>	Tues/Thurs	\$ 85.00	
	Mon thru Fri	\$210.00	

(\*) Preschool afternoon program does not require duty parent responsibility. However, parents collaborate with the snack.

#### 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: \_\_\_\_\_

**General information**

Names and ages of siblings: \_\_\_\_\_  
\_\_\_\_\_

Other regular members of household (include relationship and age):  
\_\_\_\_\_

Formal group experience of your child (Nursery school, Sunday school, etc):  
\_\_\_\_\_

Speech Enunciation, Play, Problems/Special Circumstances, Language spoken at home:  
\_\_\_\_\_

Does your child speak in sentences? \_\_\_\_\_  
Difficulty with any letters or sounds? \_\_\_\_\_

Does your child prefer to play alone, with adults, or with other children?  
\_\_\_\_\_

Child's comfort level in environments beyond the home \_\_\_\_\_  
\_\_\_\_\_

**Does your child have any problems or are there any special circumstances that we should be aware of?**

i.e. manages bathroom routine independently; special instructions re: toileting; physical development concerns; reaction to transitions etc.

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

**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: \_\_\_\_\_



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## 2011-2012 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.**

**As a parent at our cooperative nursery school, you are required to volunteer for one of our key events. It will be an enjoyable and rewarding experience. Please select one from the list below.**

\_\_\_\_\_ *Fall Fest – October 2011*

\_\_\_\_\_ *Holiday Auction – November 2011*

\_\_\_\_\_ *Spring Social – June 2012*

Thank you and we look forward to working with you!

The AVCNS Parent Board

**Child's Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_



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## Duty Parent Roster (\*)

Parents are vital to the successful operation of the school. As a parent in a cooperative nursery school, you are required to assist at the school according to a duty roster. Your presence on your assigned duty day is essential to the operation of the school as you allow **4** more children to be in attendance.

Should you be unable for any reason to assist on your assigned duty day, you are responsible for finding a substitute duty person. If you have a conflict for your assigned duty day, normal procedure is to phone another parent from your child's class to see if they can switch duty days (according to the Duty Roster). Snack is to be the responsibility of the reassigned parent.

There is a second option available to parents. A substitute duty parent list has been created where some parents will be available to do a paid duty day at a cost of \$30. This **must** be an arrangement between the Duty day parent and the substitute parent. This option can also be used for those parents who find themselves in an emergency situation and need a replacement at the last minute. Payment **must** be paid to the Director in advance of the duty day. In an emergency situation, payment must be made as soon as possible. Snack is to be the responsibility of the reassigned parent.

**If you are interested in becoming a paid substitute duty parent and placed on this list, please indicate in the box below.**

Yes  No

Please note that **ALL SUBSTITUTES MUST HAVE APPROVED CRIMINAL REFERENCE CHECKS.**

If a parent fails to attend a scheduled duty day and has **not** arranged for a substitute, he/she will be charged with \$30 to cover the cost of an emergency replacement.

For all of the information on duty parent responsibility, please refer to section 4.0 in the Policy Handbook.

Child's name: \_\_\_\_\_ Program: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Duty day (preferences or restrictions) comments: \_\_\_\_\_

(\*) not applicable to Preschool PM program



**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: \_\_\_\_\_



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## Criminal Record Check

Dear Parents,

Bill C-7 of the Criminal Records Act was legislated to permit the flagging of pardoned sex offenders. As a result, the POLICE RECORDS CHECK FOR SERVICES WITH THE VULNERABLE SECTOR form (Rev. July 2007) must be completed by all full time or volunteer positions.

Forms not properly completed will be rejected. Their rules are very strict regarding this procedure.

Please find attached a copy of the form which must be completed in full (NO EXCEPTIONS) and returned along with copied of two pieces of identification, one with a picture ID and both must contain the applicant's birth date.

The following is a list of acceptable identification:

### Photo Identification:

- \* Valid Driver's Licence
- Government/Military Employment Card
- Age of Majority Card
- Canadian Citizenship Card
- Indian Status Card
- International Student Card
- Passport
- Permanent Resident Card
- Firearms Acquisition Certificate
- Canadian National Institute for Blind

### Non-Photo Identification:

- Birth Certificate
- Baptismal Certificate
- Hunting Licence
- Fishing Licence
- Outdoors Card
- Hospital Card
- Canadian Blood Services
- Immigration Papers

\* Recent Utility Bill required to verify current Ottawa address if no Driver's Licence is available.

**Please note: Health Cards will NOT be accepted as identification. If using Valid Driver's Licence, please ensure you photocopy both sides of the licence.**