

ST. ANDREW'S CO-OP PLAYSCHOOL
Registration Form

Child's Last Name First Name Gender
Date of Birth (dd/mm/yyyy) Likes to be called
Address Home Phone Number
City/Town Postal Code
Child lives with: Both parents Mom Dad Other
Mother's Name: Father's Name:
Home phone #: Home phone #:
Bus. address: Bus. address:
Business #: Business #:
Cellular #: Cellular #:
E-mail address: E-mail address:
(PLEASE ONLY INCLUDE E-MAIL ADDRESS IF YOU CHECK REGULARLY)

Please choose one that applies:

Level: Toddler Days Attending: M T W Th F
Preschool Early Drop Off: Y N
Preschool Extended Day: (9:00 - 2:25) Y N

Committee Position Non-Committee Position

EMERGENCY CONTACT (please give TWO other than parent)

Name Relationship Phone Number
Name Relationship Phone Number

How did you hear about St. Andrew's Co-op Playschool?

Do you speak any languages other than English? If yes, please indicate.

I give permission for the school to use photos of my child involved in school activities in any materials used to promote st. andrew's co-op playschool (i.e. brochure, advertising): Y N

I am interested in a Supply Staff position: Y N

Parent Signature: Date (DD/MM/YY):

Emergency Consent Form

In case of emergency, St. Andrew's Co-op Playschool teachers and/or representatives will take the following steps:

1. Attempt to contact a parent or guardian.
2. Attempt to contact emergency contact person(s).
3. Attempt to contact the child's physician.

CHILD'S PHYSICIAN: _____ PHONE #: _____

ADDRESS (*in full*):

If we cannot contact parent/guardian, emergency contact(s), or child's physician, we will do any or all of the following:

1. Call another physician.
2. Call an ambulance.
3. Have the child taken to the emergency department of the hospital, in the company of a staff member.

Any expenses incurred under circumstances listed above will be borne by the child's family.

St. Andrew's Co-op Playschool will not be responsible for any incident that may occur as a result of false information given at time of enrollment.

I/ WE, THE UNDERSIGNED, AGREE TO THE ABOVE, AND HEREBY GRANT PERMISSION FOR THE OPERATOR OR DESIGNATE OF ST. ANDREW'S CO-OP PLAYSCHOOL TO TAKE WHATEVER STEPS NECESSARY TO OBTAIN EMERGENCY MEDICAL CARE IF WARRANTED, FOR THE CHILD LISTED BELOW.

Signature of Parent/ Guardian

Signature of Witness

Date

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE #: _____

*** PLEASE PRINT ABOVE INFORMATION CLEARLY TO ASSIST EMERGENCY STAFF ***

Authorized Pick-up Form

Please list any person(s) other than parent(s) authorized to pick-up or take child from our premises:

1) _____ 2) _____

3) _____ 4) _____

PARENT SIGNATURE: _____ DATE: _____

ST. ANDREW'S CO-OP PLAYSCHOOL

Health History & Medical Information Sheet

CHILD'S NAME: _____

DATE OF BIRTH: (DD/ MM/ YY) _____

CHILD'S HEALTH CARD NUMBER INCLUDING VERSION CODE: _____

DATE OF LAST PHYSICAL WITH DOCTOR (DD/ MM/ YY): _____

CURRENT WEIGHT & HEIGHT: _____

WAS YOUR CHILD BORN: PREMATURELY (BEFORE 37 WEEKS)

FULL-TERM (38+ WEEKS)

IF YOUR CHILD HAS A MEDICAL CONDITION, IS ANAPHYLACTIC, REQUIRES AN EPI-PEN OR OTHER MEDICATION, YOU ARE REQUIRED TO COMPLETE & SIGN THE MEDICAL CARE PLANS & MEDICATION CONSENT FORMS WITH YOUR CHILD'S DOCTOR.

Child's Health Card Number Including Version Code:

1) Any known allergies?

Yes – PLEASE SPECIFY _____

No – PROCEED TO QUESTION 2

Does your child require an EpiPen® or Twinject™?

Yes – complete the form **Anaphylaxis Emergency Response Plan** and submit with this package

No

2) Has your child suffered from or have problems with any of the following: Asthma; chronic colds; chronic ear infections; tonsillitis; flu; hay fever; skin sensitivity; reaction to sun; warts; dairy products; constipation; easy bruising; mood swings; sleep; spasms/ twitches/ tics; diabetes; ear tubes stuttering habits? (PLEASE SPECIFY WHICH AND PROVIDE DETAILS IF ANY OF THE ANSWER IS "YES")

3) Does your child take medication on a regular basis?

Yes – WHAT TYPE AND WHEN? _____

No

4) Does your child have any cultural dietary needs?

Yes – PLEASE SPECIFY _____

No

5) Has your child experienced or is experiencing any of the following:

Yes No Physical development delay

Yes No Language delay

Yes No Developmental assessment

Yes No Early Intervention

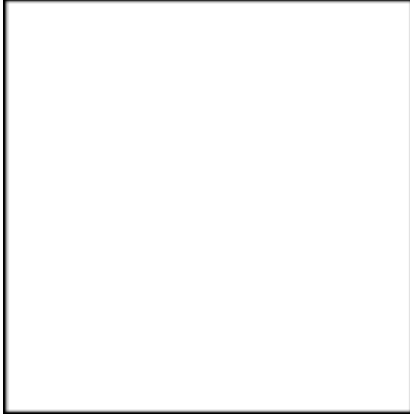
(PLEASE EXPLAIN IF ANY OF THE ANSWER IS "YES")

PLEASE EMAIL A COPY OF YOUR CHILD'S IMMUNIZATION RECORD.

YOUR CHILD MAY NOT ATTEND WITHOUT THIS INFORMATION ON FILE.

** Collection of this information is authorized under the Child Care Services Act, 2016. This information is used by the medical office of health to maintain an immunization record on this student and take appropriate action to prevent certain vaccine preventable diseases in the health unit. For further details concerning this collection, contact the Freedom of Information Coordinator at the Region of York at (905) 895-1231. **

ANAPHYLAXIS EMERGENCY PLAN FOR:



This person has a potentially life-threatening allergy (anaphylaxis) to:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/ bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry date: _____

Dosage:

- | | |
|--|---|
| <input type="checkbox"/> EpiPen® Jr 0.15mg | <input type="checkbox"/> EpiPen® 0.30mg |
| <input type="checkbox"/> Twinject™ 0.15mg | <input type="checkbox"/> Twinject™ 0.30mg |

Location of Auto-Injector(s): _____

Asthmatic:

- Yes No

Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A PERSON HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

1. **Skin:** hives, swelling, itching, warmth, redness, rash
2. **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pains/ tightness, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing) trouble swallowing
3. **Gastrointestinal (stomach):** nausea, pain/ cramps, vomiting, diarrhea
4. **Cardiovascular (heart):** pale/ blue colour, weak pulse, passing out, dizzy/ light-headed, shock
5. **Other:** anxiety, feeling of "impending doom", headache

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse VERY QUICKLY.

1. Give epinephrine auto-injector (eg. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner IF the reaction continues or worsens.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. Go to the nearest hospital, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. Call contact person.

EMERGENCY CONTACT INFORMATION

Name	Relationship	Home Phone #	Work Phone #	Cell Phone #

I, THE UNDERSIGNED, HAVE READ AND HEREBY GRANT PERMISSION TO ST. ANDREW'S CO-OP PLAYSCHOOL STAFF, TO FACILITATE THE EMERGENCY RESPONSE PLAN AS OUTLINED ABOVE, IN THE EVENT MY CHILD SUFFERS FROM AN ANAPHYLAXIS ATTACK. THE ABOVE NAMED PHYSICIAN HAS RECOMMENDED THE ABOVE PROTOCOL.

Name of Student (please print) Level Signature of Parent/Guardian Date

Signature of Physician Date Signature of St. Andrew's Staff Date

Medical Care Plan for: _____

This form is to be completed only by families with children attending st.andrews who are diagnosed with a medical condition.

D.O.B. (DD/MM/YY): _____

School Year: _____

Doctor's Name: _____

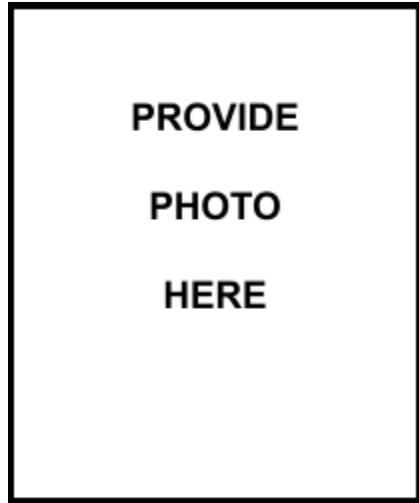
Address: _____

Postal Code: _____

Phone Number: _____

Parent Name: _____

Contact Number: _____



(Office use only) TRAINED SUPPORT PERSONNEL AND BACK UP (please PROVIDE TWO NAMES):
EMERGENCY CONTACT INFORMATION (please provide TWO names) Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____ Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____
DIAGNOSIS OF CONDITIONS:
SYMPTOMS:
WARNING SIGNS:
ACTIONS (please provide TWO) 1. 2.
Signature of Parent: _____ Date (DD/MM/YY): _____

OFFICE USE ONLY: DATE RECEIVED: _____ (dd/mm/yy) POSITION: _____
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ST. ANDREW'S CO-OP PLAYSCHOOL

Refund Policy

Registration and Monthly Fees

Prior to start of school: Cheques will be returned if withdrawal is received before August 15/22. Notice given between August 15 and the start of school will result in forfeiture of one month's fee.

Start of school year/ September and beyond: If 30 days withdrawal notice is received, all remaining whole month's cheque will be returned to the family. No refunds will be given for partial months or for the Registration Fee. Notice should be given by submitting a Change Request Form to the Registrar.

Responsibility Fee

Families who withdraw during the first month of school will receive a refund of their \$100.00 Responsibility Fee. Families withdrawing after the first month who have not participated in a scheduled clean-up function may take part in an upcoming clean-up night that occurs while they are still enrolled or request to complete a special clean-up or maintenance project to receive a refund of this fee.

Early Drop-Off Program

Families wishing to enroll in the Early Drop-Off Program must pay the full month fee even if they will not use the program for the whole month. There is no partial month refund for families withdrawing from the Early Drop-Off School Program.

I, _____ (PRINT PARENT/ GUARDIAN'S NAME) have read and understood St. Andrew's Co-op Playschool's Refund Policy as outlined above. It is also included and further explained in the Parent Handbook for my future reference.

Child's name: _____ Level: _____

Parent Signature: _____ Date: _____

Committee Preference Form

As a co-operative playschool, we require that every family participate in a membership position. Positions will be filled on a first come, first served basis.

Parent's name: _____

Child's name: _____

Email address: _____

Phone number: _____

Days your child is enrolled:

M/W/F

T/Th

All 5 Days

Are you interested in a Board of Directors Position? We must fill all 7 annually.

Yes

No

1. **President:** For general questions and concerns regarding the school that do not fall under the purview of other Board members or cannot be answered by the teachers.
2. **VP/HR Chair:** Any questions or concerns regarding the paid staff and employee policies that cannot be addressed by the teachers.
3. **Treasurer:** The Treasurer oversees all financial aspects of the school including all questions regarding membership fees and money owed to or by the school to members.
4. **Secretary:** Minutes of previous Board and General Meetings are available through the Secretary. E-mails that need to be sent to the whole school can be sent through her.
5. **Registrar:** Handles all questions, requests and changes to current and future registration.
6. **Fundraising Chair:** Oversees all fundraising events and activities.
7. **Membership Coordinator:** Any questions about your membership position and responsibilities or the school calendar.

Do you have a peanut free household?

Yes

No

Please describe yourself. Do you have any specific talents, skills or background that might be useful in determining your membership position (i.e. management, business, accounting, artistic, creative, fundraising experience, handy with tools, electrical, plumbing, computer proficient, household repairs, like to build things, sewing, organize, scrapbook; enjoy working with people, plays piano etc)?

What is your professional/trade/volunteer background?

Do you have access to email on a regular basis?

Yes

No

NON-COMMITTEE MEMBERSHIP POSITIONS

Non-Committee members are exempt from holding a Board or Committee position. A NCM does not exempt your family from laundry, clean-up and fundraising responsibilities. NCMs are assigned on a first-come, first-served basis. If more families sign up than NCM spaces available, a lottery will be held for these positions. For your convenience, payment for a NCM is included in the NCM tuition fees. If more than one child is enrolled per family, regular tuition fees apply to each additional child (e.g., a total of \$500.00 annually/family).

I prefer a Non-Committee Member Position:

Yes

No

Please rank your preferences for the following committee positions BELOW 1 (Most Important) to 5 (Least Important). Please return to the lock box as soon as possible.

POSITIONS WILL BE FILLED ON A FIRST-COME, FIRST-SERVED BASIS.

Committee	Descriptions	Rank
Parade	Plan the Float entry in the Santa Claus Parade on Main St. Markham. These positions may require some group work/meetings. Santa Claus Parade – November, TBA Pass out at least 500 Advertising Cards during parade	_____
Library Program	Two individuals, one for MWF and one for T/Th, to prepare library books to be sent home with students on a weekly basis.	_____
Playdough for classroom	Individuals prepare homemade playdough for the classroom once every two weeks. Preferably a peanut/nut free household.	_____
Yearbook	Individuals on this committee need to be available to take and collect photographs approximately once a month during class times, as well as special events such as field trips on a rotational basis.	_____
Fundraising/Advertising	Utilize print, electronic and social media to promote St. Andrew's and recruit newcomers to our school (e.g. advertise in Markham Life on a quarterly basis, spread the word on local internet sites and update information on our Facebook page). Helps in fundraising events and activities.	_____

We understand that St. Andrew's Co-op Playschool is a member-run organization and that its volunteer members handle all of the school's financial, administrative and planning operations. We understand that by enrolling our children in St. Andrew's Co-op Playschool, we become members and are required to meet responsibilities in order to maintain our good standing.

Therefore, we agree that at least one of our enrolled child's parents/ guardians will:

1. Attend the scheduled General Meetings, for the purpose of school business, orientation and education.
2. Work responsibly and actively as a volunteer on an assigned Board or Committee position by attending required meetings and performing delegated tasks; otherwise we understand that we forfeit our \$100 Co-op Responsibility Fee.
3. Participate in one clean-up and laundry event during the school year; otherwise we understand that we forfeit our \$100.00 Co-op Responsibility Fee.
4. Provide 30 days advance written notice if we choose to withdraw our child, otherwise, we understand that one month's tuition will be forfeited.
5. Pay bank charges resulting from the processing of any NSF cheques.
6. Adhere to the philosophy and principles outlined within the St. Andrew's Co-op Playschool Handbook.
7. Maintain strict confidentiality with respect to school, staff, and student information and issues.

We understand that failure to meet these responsibilities may result in termination of our membership as outlined in the school handbook.

One signature below represents our family's understanding of this membership agreement, and our willingness to fulfill our membership responsibilities as outlined above.

Signature of Parent/ Guardian

Date



Submit Forms