Website: [www.stoneycreekcoop.ca](http://www.stoneycreekcoop.ca) **Email: sccop@stoneycreekcoop.ca**

Phone Number: 905-662-4740

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date: |   | Withdrawal Date:  |   |  |

CHILD INFORMATION

 d/ m/ y

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Full Name: |  | Birth Date:  |  / / |  |
| Address:  |  | Home Phone:  |  |
| City:  |  | Province:  |  | Postal Code: |  |
| E-mail Address: |  | Health Card #: |  |

|  |  |
| --- | --- |
| **Half Day Program 9:00 – 12:00** | **Number of Days Per Week (Please Circle Option)** |
| **1** | **2** | **3** | **4** | **5** |
|  | Monthly Rate | $135.00 | $260.00 | $370.00 | $460.00 | $560.00 |
|  | Half Day Program Monday-Friday 9:00 am-12:00 pm |  |  |  |  |  |

|  |  |
| --- | --- |
| **Monthly Rate****Extended Day Program 9:00 – 2:30** **Tuesdays and Thursdays**  | **Number of Days Per Week (Please Circle Option)** |
| **1** | **2** |
|  | Extended day adds on rate.Readiness Program 9:00 am-2:30 pm Ages 3-4  | $66.50 | $133.00 |

|  |  |  |
| --- | --- | --- |
| **Payment Information** | **Please Check Items Received** | **Initials** |
| Registration Fee – ($40 per family) etransfer to spot until start date | [ ] |  |
| Monthly Fee – automatic with drawl form complete | [ ] |  |
| **Forms Completed** | **Please Check Items Received** | **Initials** |
| Registration Form complete | [ ] |  |
| Child’s Immunization Form | [ ] |  |

IMPORTANT CONTACT INFORMATION

**PARENT/GUARDIAN INFORMATION**

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Province Postal Code

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Province Postal Code

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Province Postal Code

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Province Postal Code

Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Province Postal Code

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Province Postal Code

**CHILD PICK-UP INFORMATION**

|  |
| --- |
| Please list below other family members who have **\*Permission\*** to pick-up your child |
| **\*Note: Anyone picking up your child must have picture ID ready to be shown upon request\*****\*Note: Those individuals not appearing on the list below will not be allowed to pick-up your child\*** |
| **Name:** |  | **Phone:** |  | **Relationship:** |  |
| **Name:** |  | **Phone:** |  | **Relationship:** |  |
| **Name:** |  | **Phone:** |  | **Relationship:** |  |
| **Name:** |  | **Phone:** |  | **Relationship:** |  |

**EMERGENCY CONTACTS**

|  |
| --- |
| **Primary Emergency Contact (Other than parents or guardian)** |
| **Name:**  |  | **Home/Cell Phone:**  |  |
| **Relationship to Child:** |  | **Work Phone:** |  |
| **Secondary Emergency Contact (Other than parents or guardian)** |
| **Name:**  |  | **Home/Cell Phone:**  |  |
| **Relationship to Child:** |  | **Work Phone:** |  |
|  |
| **Any Special Instructions on how to reach parents:** |
|  |
|  |
|  |

**CHILD’S HEALTH INFORMATION**

Child’s Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Family Physician address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Province Postal Code

Child’s Family Physician phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **1.** Are your child’s Immunizations up to date:  | Yes or no |  |
| **2.** Does your child have any allergies to any medication: |  |
| **3.** Does your child have any known food allergies: |  |
| **4.** Does your child have any food restrictions: |  |
| **5.** Does your child have any medical conditions which I should be aware of: |  |
|  |
|  |
|  |
| **6.** Has your child had the following common childhood illnesses: (Please indicate below): |
| Does your child have any problems with any of these? | Has your child had any of these diseases? |
| [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] | ConstipationConvulsionsDiarrheaFainting SpellsFrequent ColdsFrequent Ear InfectionsFrequent Sore ThroatsLiceRingwormSoilingStomach UpsetsUrinary ProblemsWorms |  [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] | AsthmaBronchitisChicken PoxDiabetesHeart DiseaseHepatitisImpetigoMeaslesMumpsGerman MeaslesPolioScarlet FeverTuberculosisWhooping Cough |
| **[] Other (Please Describe):****Please circle YES or NO** |

**I will be providing a snack and or lunch for my child due to dietary/allergy and or religious concerns.** **DEVELOPMENTAL HISTORY OF THE CHILD**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** Has your child ever been in a preschool setting before? |  | If so, What Type: |  |
| **2.** What is your child’s temperament? (Easy going, hard to please, demanding, aggressive, etc.…) |
|  |
| **3.** What are some of your child’s favourite activities? |  |
|  |
| **4.** Does your child have any special needs or concerns? |  |
|  |
| **5.** Is your child toilet trained? | Yes/No |
| **6.** Does your child need to be reminded to go to the washroom? | Yes/No |
| **7.** Is your family vegetarian? Any dietary restrictions? |  |
|  |
| **8.** What is your child’s favourite food? |  |
|  |
| **9.** What food does your child dislike? |  |
|  |
| **10.** If you were interested in your child being considered for the integration program due to an identified special need, please elaborate: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
|  |
| **11.** Does your child eat with a: Spoon () Fork ( ) Hands ( ) Check all that apply |
| **12.** Are there any siblings? Please name them and specify ages and gender? |
| Name: |  | Age: |  | Gender: |  |  |  |  |
| Name: |  | Age: |  | Gender: |  |  |  |  |
| **13.** How does your child show his/her feelings? |
| When afraid: |  |
| When happy: |  |
| When angry: |  |
| When intolerant: |  |
|  **DEVELOPMENTAL HISTORY OF THE CHILD** |
| **14.** Are there any recent traumatic situations that the child has been exposed to such as a death in the family, divorce, new sibling? |
|  |
| **15.** What language(s) are spoken at home? |  |
| **16.** Has your child had any of the following: |
| 1. Hearing Test
2. Vision Test
3. Speech/language assessment
4. Psychometric assessment
5. Other (please specify)
 | **Y/N****Y/N****Y/N****Y/N****Y/N** |
|  |
| **17.** Does your child have any security objects such as a blanket, soother, bottle, toy etc. . . ..? ? |
|  |
| **18.** How does your child behave when they are sick? |  |
|  |
| **19.** How is your child most easily settled when are upset or afraid? |  |
|  |
| **20.** What are you child’s favourite activities, toy, books, or games? |  |
|  |
| **21.** What do you expect your child to gain through attending preschool? |  |
|  |
|  |
| **22.** Are there any other comments or information you would like to let me know about? |
|  |
|  |
| **23.** Any other specific questions/concerns? |  |
|  |
|  |

I hereby release the above information to the Stoney Creek Cooperative Preschool for the uses noted. I certify that I am the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and the information is correct.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP AGREEMENT – MORNING PROGRAM**

|  |
| --- |
|  We understand that the Stoney Creek Co-operative Preschool Inc. is an organization whose successful operation depends on the participation and sharing of responsibilities of ALL co-operating families. We agree to participate by: |
| **MEMBERSHIP FEES:** | * $30 per month membership fee is included in the monthly fee to eliminate the need for monthly fundraising events.
 |
| **PRESCHOOL EVENTS:** | * As a member of the preschool, you will have the opportunity to participate in our annual spaghetti dinner event during the school year.
 |
| **VOLUNTEER DAYS:** | * For all the participating families, assisting the school staff one morning per month for each day per week your child attends. (i.e. If your child attends 3 days/week, you would assist 3 days/month)
 |
| **PARENT MEETINGS:** | * AGM parent meeting will be done via zoom.
 |
|  |
| **FINANCES:** | * Providing all fees, including registration, monthly membership, first months’ fees and the remainder of the year’s fees are post-dated for the first of each month. Ensure adequate finances to cover your monthly obligations.
 |
| **WITHDRAWAL:** | * Understand that enrollment is at the discretion of the executive committee. Any request for withdrawal and refund must be made in writing, giving 30 days’ notice.
 |
| **ADMINISTRATION:** | * Adhering to the principles of the co-operative incorporation.
 |
|  |
|  For the superlative school and for happy relations among the children, the parents, the executive, and the teacher staff, we agree to abide by the agreement outlined above. |
|  |
|  I am aware that NO corporal punishment of any nature is used by any of the teaching staff, parents, or caregivers in the preschool environment. The preschool is a positive learning environment. For more detail regarding these policies please refer to the parent handbook. |
|  |
| Signature of Mother: |  |
| Signature of Father: |  |
| Child`s Name: |  |
| Date Signed: |  |

**Non-Medical/ Non-Prescription Creams**

I give permission for the preschool staff to administer diaper rash cream when needed

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **CONSENT AND RELEASE FORM AUDIO-VISUAL MEDIA**

|  |
| --- |
| * I, the undersigned, hereby grant permission to the Stoney Creek Co-operative Preschool Inc., to take and use any or all forms of audio-visual media (camera, TV media, website, video recordings, newspaper etc.…) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of Public Relations for the preschool.
* If there are limitations to the consent, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Parent/Guardian: |  |
| Signature of Parent/Guardian: |  |
| Child`s Name: |  |
| Date Signed: |  |

 **BATHROOM WAIVER FORM**

|  |
| --- |
| * I give permission for the supervisor, assistant teacher to take my child to and from the bathroom and assist with washroom routines without the teacher’s supervision (toileting, diapering and hand-washing routines).
 |
| Signature of Parent/Guardian: |  |
| Signature of Parent/Guardian: |  |
| Child`s Name: |  |
| Date Signed: |  |

 **Walk Permission Wavier School Readiness Program**

I give permission for my child to go on neighborhood walks as a part of the extended day program from September to June during the current school year.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Pre-Authorized Debit Agreement Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Holder name and account number**

|  |  |
| --- | --- |
| Last and first name(s) of account holder | Telephone Number |
| Address (Street, City, Province) | Postal Code |
| Name of Financial Institution |
| Account Number | Transit Number | Institution Number |

**Withdrawal Authorization**

|  |
| --- |
| I, the undersigned, (if a legal person, herein represented by its duly authorized representative(s)), authorize the Payee to make pre-authorized debits (PAD) from my account with the financial institution, monthly charged on the 1st of the month, or next following business day.Each withdrawal will cover the enrolled child’s tuition for the month for which you are charged and correspond to the number and type of days that your child attends. This amount will remain the same each month unless enrollment days are requested to be changed. These PAD charges are to be considered Personal, and not a business charge.**Waiver:*** I hereby waive the written notice of 10 days.
* I have received a copy of this Agreement and waive all other confirmation before the first payment.

**Change or Cancellation**I shall inform the Payee, in a timely manner, of any changes to this agreement.I retain the right to revoke my authorization at any time, with a pre-notification of 30 days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca) . I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the account has signed this authorization. I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the financial institution.  |

**Reimbursement Consent to disclosure of information**

|  |  |  |
| --- | --- | --- |
| I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca) The financial institution shall reimburse me, on behalf of the organization, for any amounts withdrawn in error, within ninety calendar days of the withdrawal for a Personal PAD, provided that the reimbursement is claimed for a valid reason.That said, Stoney Creek Cooperative Preschool is happy to rectify any errors or omissions that may be made. Requests may be made in person if an error is noticed by you or may be offered if noticed by administration. Reimbursement may be made in the form of etransfer, cash, or check. |  | I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits. |
|  |  **Signature of account holder** |
|  | ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of account holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date (dd/mm/yyyy) |